

Summer 2010

MISSOURI Cancer Registry Newsletter

Newsletter for Registrars including Timeliness Reminders, Calendar of Events and Updates

News, news and more news...

NPCR Recognizes Missouri's Data Quality

In early April, Margaret Donnelly, Director of the Missouri Department of Health and Senior Services, received notification that MCR had been recognized for meeting the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) Standards for Data Completeness, Timeliness and Quality. MCR was one of 39 to meet the "National Data Quality & Completeness Standard" (24-month standard) and one of only 28 programs to meet the "Advanced National Data Quality and Completeness Standard" (12-month standard) MCR was also recognized for meeting the United States Cancer Statistics (USCS) publication standard.

This is the first time NPCR has recognized state central registries in this manner. NPCR funds 45 states, the District of Columbia, Puerto Rico and the U.S. Pacific Island Jurisdictions.



We want to share the honor with the Missouri facilities who contribute such high quality, timely data. Thanks for all you do to allow our state registry to achieve this recognition from the CDC. We also want to thank NPCR for taking the time to recognize our accomplishments.

NAACCR Version 12 Update

Please abstract and submit any remaining 2008 or 2009 cases prior to converting your own registry software to version 12. Nancy Rold has been working closely with your vendors and they will be notified as soon as everything is in place to begin abstracting/submitting your 2010 cases. We are close to finalizing our Missouri edit set and required field list, however, are uncertain when our software programs (CRS+, Web Plus, Abstract Plus, etc.) will be ready. Additionally, our processes include a major conversion of the cases currently in our database. We hope everything will go smoothly!

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Above: MCR staff celebrates NCR Week!

National Cancer Registrars' Week

We hope that most of you were recognized at your facilities for the dedication you show to your facility's cancer registry. MCR's letter to hospital administrators definitely let them know how much we appreciate all that you do. Thanks to Sheri Goodwin for submitting the letter to NCRA to be posted on their web site. Here at MCR we had a staff appreciation day – including a session of Tai Chi, goodie bags and luncheon. Even the most skeptical employees learned that Tai Chi is a lot of fun and can be very relaxing! We also enjoyed a lunch with Mid-Missouri registrars at HuHot Mongolian Grill – each stir fry was as unique as the registrar who created it!

CSv2 Trainings Complete – Whew!!!

It's been a training whirlwind for Louanne Currence and Deb Smith!!! Between April 27th and May 18th, the ladies did five 2-day CSv2 trainings (including one in Kansas). Can you imagine being responsible for training your state's cancer registrars when the training materials keep changing? Each time they thought they knew what they were supposed to teach something changed. Or when decisions about requirements haven't been made and your training sessions are scheduled for the next week? Add to that some personal events like two spring weddings and a broken leg!! Given those circumstances, we think you'll agree that Louanne and Deb have done a fantastic job. Missouri is fortunate to have such wonderful educators!!

We know we are all in this together and MCR will do everything possible to assist registrars during this transition.



Above: Deb Smith and Louanne Currence, CSv2 trainers.

CTR Exam Scheduled for September

In 2009, 368 candidates took the exam with 64% passing. The final opportunity to sit for this year's exam will be September 10-25, with an application deadline of July 31, 2010. Below are links to several resources, including exam prep opportunities:

NCRA Council on Certification web site – details about exam dates, locations, etc. <http://www.ctrexam.org/>

NCRA offers an on-line exam prep program. Pricing: \$180 member/\$220 non-member. http://www.creducationcenter.org/html/ctr_exam_prep.html

NCRA CTR exam scholarship. Application deadline is June 30, 2010. <http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3491> (Since 2008, two Missouri residents have received this scholarship)

NAACCR CTR Exam Preparation and Review Webinar Series. <http://www.regonline.com/builder/site/Default.aspx?eventid=851668>

Fiscal Year 2010 Audits

MCR requested the services of a national contracting company, ICF Macro, to conduct fiscal year 2010 audits. The audit protocol this year includes evaluation of twenty hospitals and is limited to casefinding only. One additional facility review is being conducted by MCR staff. The audits began in January and are well under way; the resolution component has begun for many facilities. Aggregate results are expected to be available and reported upon at the annual MoSTRA meeting. A big thank you to those hospitals and registrars participating in the process this year. Your time and input is valued...we couldn't do it without you!

2010 Changes

The Missouri Cancer Registry is in the process of finalizing the Missouri reporting requirements for all cases submitted on or after July 1st, 2010. In the meantime, here is a summary of changes based on the information that is currently available.

- Date formats will change from MMDDCCYY to CCYYMMDD when the date is known. The codes 00000000, 88888888, and 99999999 are no longer valid and will be represented as eight (8) spaces.
- The format when the month and year are known and the day is unknown will be CCYYMM with two spaces representing the unknown day (e.g. 201001__).
- When the year is known and valid with the month and day unknown it will be coded as CCYY with four spaces representing the unknown month and day (e.g. 2010____).
- There will be 10 date flag fields relating to the specific date fields collected by the MCR. These flags are used as a reason code as to why a date consists of eight spaces. Partial valid dates will not require a flag.
- All submissions must be in the NAACCR version 12 format. These standards can be located at http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=133. An updated MCR manual reflecting the version 12 requirements will be made available in the near future.
- Race 1-5 fields have additional race codes for each. Some have changed so be sure to use your manual when coding this data item. Code 09 was retired and codes 15, 16 and 17 were added.
- Laterality has an additional code of 5 for a paired site, midline tumor.
- Diagnostic confirmation field has added code 3 - Positive histology PLUS – positive immunophenotyping AND/OR positive genetic studies (Used only for hematopoietic and lymphoid neoplasms 95903-99923)
- Text fields have been expanded to allow for additional text. Please keep your text concise and meet the text standards defined by MCR .
- Patient name and address fields have been expanded.
- The CS Extension field has expanded from a two digit to a three digit field.
- The CS Lymph Nodes field has expanded from a two digit to a three digit field.
- The new CS Lymph Vascular Invasion field will be required for specific schemas.
- Additional site-specific factor (SSF) data items will be collected. We are planning to collect all Site Specific Factors necessary to derive 6th/7th edition TNM, Stage Group, SS1977 and SS2000. We will also require SSF25 (schema discriminator) for applicable sites. The site specific factors required will be schema dependent.
- SSF1, SSF2, SSF8-SSF14 will be required for the breast schema.
- Class of case has gone from a one digit to two digit field. Codes are divided into analytic (00, 10-14, 20-22) and non-analytic (30-38, 40-43, 49 and 99) groups.



Left: Missouri registrars in attendance at NCRA's Annual Education Conference held in Palm Springs, CA — April 20-23 2010.

County-level Information Updated

Data for 2003-2007 is now available on the MCR website. Follow the Data link to MCR County-specific Data to view the top 10 sites (overall and by sex) for a given county. This can be a useful resource when you are preparing annual reports or providing data to your administrators.

Abstracting Fundamentals Training Session

MCR is now providing free training sessions on Abstracting Fundamentals at our Columbia office twice a year. This class is designed for new hospital registry personnel and non-hospital reporters. Topics will include Casefinding, Death Clearance, WebPlus submissions, Abstract Plus software, detailed review of the MCR Abstract Manual, Required Fields, Edits, Resources and Abstracting Practice Exercises. The next training will start on Thursday July 29 from 1-5 pm and continue on Friday July 30 from 8 am to 4 pm. Contact Hope Morris to register: morrisho@health.missouri.edu or 573-882-7775 or 1-800-392-2829.

Death Clearance Process Update

Be on the lookout for your hospital's death certificate cases in Web Plus during June. MCR staff have been processing the Bureau of Vital Statistics 2008 death file and getting data ready for follow-back via Web Plus. We have a new database for producing and tracking follow-back files thanks to a software program created by the Tennessee Central Cancer Registry and customized by MCR's Alena Headd. Our new database should make MCR's processing much easier and more efficient.

Helpful Links

- Instructions for highlighting/annotating your CSV2 pdf instruction manual: <http://www.cancerstaging.org/cstage/manuals/pdfinstructions.pdf>
- Effective Dates for Cancer Registry Standard References, courtesy of April Fritz: http://www.afritz.org/freetools/manuals_effective_dates.pdf

Compliance Reminder

All 2009 cases are due by July 15, 2010.

Please contact Angela Martin or Brenda Lee if you anticipate any delays.

(wamerac@health.missouri.edu or leebr@health.missouri.edu 1-866-240-8809)

QA Corner

Defensive Abstracting Kudos!

Each edition we'd like to highlight an example of good text fields submitted to MCR. This time we include an excerpt from an abstract by Barbara Bannister whose helpful text succinctly documents age, race, sex, procedures, dates, facilities involved, class of case and prior history. This type of information is very helpful to MCR QA and cuts down on our need to call facilities for clarification. Thank you, Barbara! Facility names and dates have been changed to protect patient identity.

PE	78 y/o WM hemoptysis, stridor & dysphagia
Scopes	4-12-08 "OSH XYZ" dx Bronchoscopy 3-4 cm mass, nearly obst airway
Surgery	4-19-08 "HERE" CO2 laser vaporization w/bx
Remarks	pt hx stage IV papillary ca thyroidectomy w/neck dissection & I-131 , family hx unknown, pt trans from OSH XYZ for laser vapor of tumor, all follow up at OSH XYZ, pt exp 5-25-08

Hematopoietic and Lymphoid Neoplasm Rules

The Hematopoietic and Lymphoid Neoplasm Rules changed, effective 01/01/2010. Implementation of these rules will require new histology terms, ICD-O codes and four newly reportable diseases where the behavior was changed from /1 to /3. Changes with these rules also include transformations collected as a new primary. There will be a Hematopoietic Database, which replaces the February 2001 Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Disease. Information can be found on these rules at <http://seer.cancer.gov/tools/heme/index.html>.

Web Sites to Monitor for 2010 Changes

- Everything 2010 (incl. training): http://www.naacr.org/index.asp?Col_SectionKey=28&Col_ContentID=544
- MCR – <http://mcr.umh.edu>
- AJCC Collaborative Stage – <http://cancerstaging.org/cstage/index.html>
- COC - <http://www.facs.org/cancer/coc/fordsmanual.html> (last update released 2/23/2010)
- Hematopoeitic and Lymphoid Neoplasm Training - 13 modules: <http://seer.cancer.gov/tools/heme/training/>

Current Abstracting Tips

Date of the First Course of Treatment COC (NAACCR item # 1270) should be coded 00/00/0000 **ONLY** for cases diagnosed at autopsy. Refer to FORDS "First Course of Treatment" section for detailed instructions for coding this item.

Primary Site for extra lymphatic lymphomas should be coded to the site of origin, NOT to C77_ (lymph nodes). Refer to "Overview – Primary Site" in FORDS Section One for detailed instructions.

CS Mets Eval should be coded **3** whenever distant mets are confirmed by **ANY** examination of metastatic tissue, including FNA and needle biopsy specimens. Use code **1** **ONLY** when there is no microscopic examination of metastatic tissue.

When your facility diagnoses a case but you do not know where the patient went for treatment, it is class of case =1, not 0. According to Fords, class 1 includes "Patients diagnosed at the accessioning facility for whom it is unknown whether treatment was recommended or administered." To support a class of case 0 document in text where the patient went. This also means "referred to" should not contain "000s" but a facility ID. (Hospital registrars might use this as a QA initiative. Class 0 cases should not have "000s" in "referred to" field.)

Addendum Generator for 2010 Cases Abstracted under CSv1 Now Available

Ideally, all 2010+ cases are abstracted into Collaborative Staging version 2 (CSv2) software, although some facilities/registries may need to abstract 2010+ cases before their software can be updated to CSv2. This tool lists the Collaborative Staging (CS) fields and space to abstract the information needed for CSv2. You must have Word 2003 or later on your computer to run this tool. See <http://www.seer.cancer.gov/tools/absgenerator/> for more information.

For general questions related to CSv2, e-mail csv2@facs.org.

***PLEASE NOTE: THIS IS THE IDEAL REPORTING SCHEDULE.** Due to unforeseen complications and delays at the national level, MCR realizes 2010 case reporting may not start in July. However, we strongly urge you to get your 2009 cases complete prior to converting your software to NAACCR version 12. Remember that your 2010 non-analytic cases (diagnosed before 1/1/2010) could be abstracted and submitted in version 11.3 if software conversion to v12 is delayed.

Hospital Reporting Schedule				
Annual Caseload	Reporting Period	Cases Diagnosed	Due Date	Level of Completeness
>500	Monthly	January 2009	August 15, 2009	8%
		February 2009	September 15, 2009	17%
		March 2009	October 15, 2009	25%
		April 2009	November 15, 2009	33%
		May 2009	December 15, 2009	42%
		June 2009	January 15, 2010	50%
		July 2009	February 15, 2010	58%
		August 2009	March 15, 2010	67%
		September 2009	April 15, 2010	75%
		October 2009	May 15, 2010	83%
		November 2009	June 15, 2010	92%
		December 2009	July 15, 2010	100%
300-500	Monthly or Quarterly	Jan/Feb/Mar 2009	October 15, 2009	25%
		Apr/May/June 2009	January 15, 2010	50%
		Jul/Aug/Sept 2009	April 15, 2010	75%
		Oct/Nov/Dec 2009	July 15, 2010	100%
<300	Quarterly	Same as above	Same as above	

2010 Quarterly Calendar

Awareness Months

**June 1— National Cancer
Survivors Day**

June

June 15

Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before November 2009

June 19-25

NAACCR 2010 Annual Conference
Quebec City, QC, Canada

July

July 1

NAACCR Central Cancer Registry Webinar -
Using CINA Data in Cancer Surveillance Activities - Columbia, MO (MCR)

July 15

Monthly Hospital Reporting Deadline (>500) -
For cases diagnosed on or before July 2009

Monthly or Quarterly Hospital Reporting Deadline (300-500) -
For cases diagnosed on or before Oct/Nov/Dec 2009

August

August 15

Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before January 2010

We think it is important to work with hospitals throughout the year on completeness and timeliness. That's why we sent the mid-year letters on 2009 data submissions; sometimes it helps to have documentation to share with superiors so they can understand that your registry work needs to be a priority. If you are curious about where you stand with your 2009 case completeness please send Hope an e-mail (morrisho@health.missouri.edu) and we will send you the information. Or if you know you are well below your expected number and would like to discuss the circumstances, please contact Nancy Cole at 573-884-2491.

Remember, we do this according to date of first contact, not date of diagnosis, that way we can include your non-analytic cases. And for low volume facilities, this is the number of reportable cases, not necessarily the number of charts submitted. We understand how things can get busy and we do understand delays, such as implementing EMRs. This is where communication becomes very crucial; it is much easier for us to work together when we know about your issues. That also aids us in meeting our deadlines. Because of the contributions made by your facilities, Missouri is able to provide data on county, state and national levels which impacts outcomes of studies nationally as well as within the state, which in turn gains Missouri recognition for high-quality, timely data.

Please do not hesitate to communicate with us at any time. We welcome your questions and comments.

Have a Great Summer



from MCR!!!

The Missouri Cancer Registry (MCR), under the direction of Dr. Jeannette Jackson-Thompson, collects and maintains a population-based database of all Missourians diagnosed with cancer. As registry data plays a vital role in the fight against cancer, we would like to say thanks to all Missouri facilities that report cancer cases.

Contact Us

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