Winter 2010

MISSOURI Cancer Registry Newsletter

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

News, news and more news...

We're Adding Another Nancy!!!

MCR is pleased to announce that Nancy Hunt Rold joined our team on January 11, as the quality assurance (QA) supervisor, working with Deb Smith, Bec Francis, Deb Douglas and Cate Ellis. Many of you know Nancy from her years at Ellis Fischel Cancer Center, where she had worked as a cancer registrar since 2001. Prior to that, Nancy coordinated CALGB surgical clinical trials for the University of Missouri; she also has several years' QA experience in a private sector laboratory. Nancy's primary role will be to coordinate daily QA activities, monitor internal and external QA and provide guidance for education, audits, death clearance, etc. We are very excited that Nancy will be joining us and anticipate that her energy and expertise will move us forward in many ways!

Above: Nancy Hunt Rold, CTR - Quality Assurance Supervisor, MCR

Other MCR Staff Changes

We're also shaking things up a bit internally in other areas. Brenda Lee will be assuming responsibility for coordinating Web Plus, our internet-based reporting software. Web Plus is not simply used for hospital file submissions; it is also used for reporting by physicians and freestanding facilities. Brenda will also work with the CDC development team as they continue to develop the software. Alena Headd will continue to provide technical support/ tracking for the Web Plus hospital file upload process.

Since it takes quite a bit of time to keep track of all the Web Plus processes, Brenda will be passing on some of her current duties to Angela Martin. This includes processing chart submissions for low-volume facilities, as well as taking care of the tracking for all data submissions. In addition, Angela will serve as the main contact for low-volume facilities as she provides feedback and education on efficient case finding.

Shari El-Shoubasi is taking on the essential role of coordinating imaging processes, including the storage and retrieval of paper pathology reports. This is crucial to advancing our goal of reducing paper documents and increasing accessibility.

These changes became effective in early January.

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Danke Schoen! Muchas Gracias! Merci! THANKS!!

For the 2nd year in a row we anticipate we will have more than 90% of our 12-month cases (2008) for the January NPRC data submission. This is directly related to the timeliness of your data submissions, so each registry that submitted their 2008 data deserves our appreciation. Since many of MCR's staff have been hospital registrars, we are aware (painfully so, sometimes) that it is not always easy to keep up with abstracting when we are juggling many other duties. We are also fairly certain we may have our best death clearance rate ever for our 22-month NAACCR data submission (2007).

Although we take pride in these statistics, the true significance is that with your help, MCR can provide complete, accurate and timely cancer data, data that can be used to provide cancer incidence rates, identify trends in cancer incidence, assist with cancer inquiries (reports of excess cancer), etc. That's what this is truly all about. Thanks to each of you for your continued dedication! You are making a difference!

Report 'em All!

Just a reminder: MCR requires facilities to report ALL cases diagnosed and or treated in your facilities, whether for a new diagnosis or a recurrence. This includes Class of Case 3 for CoC hospitals. It also includes cases clinically diagnosed. If you have questions about this, please call our QA staff for clarification.

Employees Can be Fined for Inadvertent HIPAA Violations

MCR was recently notified by the University of Missouri about the Health Information Technology for Economic Clinical Health (HITECH) act passed by Congress early in 2009. Among the provisions of this law are fines for *individual employees* who inadvertently or purposefully disclose patient information inappropriately. **Even innocent disclosures, such as sending an e-mail to the wrong recipient, can net a minimum fine of $100**; more serious violations, such as profiting from inappropriate disclosure of patient information, may increase this amount up to $10,000 or more. Additionally, this law requires that any inappropriate disclosure of patient information be communicated to the patient and the Department of Health and Human Services-Office for Civil Rights.

Why are we telling you about this? Every registrar needs to make certain her/his e-mail communications **DO NOT** include any private health information (PHI). Your facility may have policies about sending PHI via e-mail; however MCR's e-mail is **NOT** secure.

Reminder: HIPPA Requires Covered Entities to Keep a List of Individuals Being Sent to State Cancer Registries - Brenda Lee

Do you know that MCR's web site has a wealth of information, including important HIPPA information for low-volume facilities (LVFs) and other entities? Every year, I try to read through MCR's web site. Once again, I found information that is very helpful -- information sometimes forgotten or overlooked due to staff turnover.

Below is HIPPA information I found from the FAQ letter from the North American Association of Central Cancer Registries (NAACCR): http://www.naaccr.org/filesystem/pdf/Questions_on_Letterhead.pdf .

Are covered entities required to provide individuals upon request with an accounting of any protected health information that the entity has disclosed about them to the state cancer registry?

Yes. The Privacy Rule requires covered entities to provide an accounting of disclosures of protected health information. The accounting must include for each disclosure:

- The date of the disclosure;
- The name of the entity or person who received the protected health information and, if known, the address of such entity or person;
- A brief description of the protected health information disclosed; and
- A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure under §164.502(a)(2)(ii) or 164.512, if any.

January Training for New Registrars at MCR

Deb Smith, MCR's education coordinator, will provide training to new registrars in Columbia, January 25th and 26th. We hope to provide this type of training twice a year rather than making trips throughout the state to provide one-on-one training. These sessions differ from the Basic Cancer Registrar training in that we will provide the "nuts and bolts" of abstracting, including a review of the MCR manual, how to use Web Plus to report cases, technical aspects of Abstract Plus software and a review of helpful resources. The training will include practical exercises.

The sessions will begin at 1 p.m. Monday, January 25th and end by 4 p.m. the next day. The sessions will be free of charge; however, each attendee will need to pay for lunch on Tuesday. For more information or to register, please contact Nancy Cole at 800-392-2829.

2010 CSv2 Training Scheduled for March

You've heard the rumors about the MAJOR changes coming in 2010. To assist registrars in learning about and understanding those changes, MCR and MoSTRA are sponsoring several educational sessions in March. As there is so much to cover, the trainings will last two full days.

Training dates/locations are as follows: March 1 & 2, Springfield MO; March 8 & 9, St. Louis, MO; March 10 & 11, Missouri Cancer Registry, Columbia MO; March 18 & 19, North Kansas City, MO.

We request that attendees bring their CSv2 and Heme Rules/DB on their own laptops rather than printing off the manuals. These manuals are getting so large that most of us will not be printing them. (The CSv2 manual will be over 900 pages -- who wants to lug that around?) If you do not have a laptop in the registry, you may be able to borrow one from another hospital department. We will ask those who can bring a laptop to share with others during the exercise period of our training.

Who is the "we"? Deb Smith and Louanne Currence will be teaching a variety of sites from CSv2 and the Heme Rules. We plan to request CEUs from NCRA. MCR will send a letter to each facility to note **that these trainings are required**. Each registrar can use this letter to demonstrate the importance of this training to her/his supervisor. For more information, please go to our website http://mcr.umh.edu/downloads/2010CSv2Training.pdf.

Why Should I Attend?

- The abstract will have a minimum of 30 new fields, most of them in Collaborative Stage fields.
- AJCC staging has changed dramatically and those changes will be included in the site lectures.
- The CS site-specific factors have expanded to 25 possible fields per site. (In the past, we only had 6 possible!) Come learn which ones are required by MCR, COC, etc., and how to choose others that will be meaningful to your registry.
- Untrained registrars don't even know which questions to ask. Come learn with your peers because we learn best from each other.
- It is estimated that an abstract currently takes from 30 to 90 minutes, depending on your facility and the information available. With the new 2010 changes, you could safely estimate it will take twice as long for at least the first three months. Most of us don't have that much spare time ... so getting up to speed faster with training and exercise practices can improve your productivity.
- Like our hospital registrars, MCR doesn't have any spare time for one-on-one training ... and trained registrars who are aware of the changes will be contributing cleaner data.
- Why would you want to spend a lot of time entering data that could be incorrect because you didn't have a good basic understanding?
- Where else can you get approximately 12 hours of CEUs for approximately $10 a day (for lunch)? [Final cost to be determined by MoSTRA board at January meeting.]
- Besides which, networking with your fellow registrars is so much more fun than staring at a computer screen, listening to a mystery voice while your attention span wanders! And finally…
- MCR has two of the best instructors in the country (okay, so we're a little partial!).

QA Corner

CSv2 Update

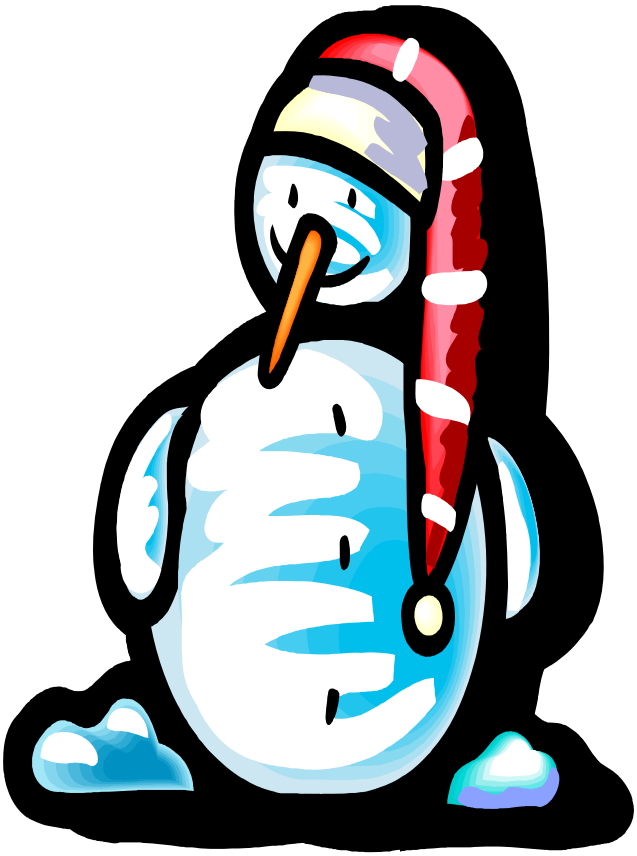
The final version is scheduled to be completed and available online in late March. Our CDC software developer projects that we will be able to accept NAACCR version 12 files in late March or early April.

Use Local Text Fields for Certain Patient Information

In a recent update, we suggested registrars keep the patient's personal information to a minimum due to HIPAA. One registrar responded to our suggestion by saying some of the personal information is important to her in performing follow-up. This is a good point: hospital registrars make use of certain information we don't necessarily need or want transmitted to us. If the prison is the address at diagnosis, there probably is no need for further details in the text. Information about illegal drug use, domestic abuse, bankruptcy, etc. that people do include should be entered into a ***local text field*** that is not transmitted to MCR.

2010 Audits Under Way

MCR is contracting with ICF Macro to conduct twenty case finding audits for fiscal year 2010. Official hospital notification is expected in early January with completion by June 30th. The hospital's role will be kept to a minimum and includes submission of initial data for review followed by resolution of any unmatched cases. Once the audits commence, all communication will be directly between hospital registrars or contact personnel and ICF Macro auditors.



"Defensive" Abstracting

Did you catch this great article in the November 16th issue of Advance magazine? The author, Theresa Gerboc, CTR, explains that defensive abstracting is "the practice of text field glorification." That means your text supports ALL codes and dates with supplemental text. Gerboc states if a registry wants to have quality data, then "perfecting the practice of defensive abstracting allows you and others in your cancer program to have more confidence in the data." Defensive abstracting can be helpful for:

- CoC accredited programs reviewing CP3 data (less re-pulling files to check code choices),
- Using the patient abstract as sole source of information for special studies,
- Quality review (if a physician reviewer questions your code selection), and
- Using the patient abstract as the primary source for reconciling and/or supporting outliers of national treatment guidelines.

I think you get the idea. Providing supplemental text shouldn't be simply because MCR asks for it; it is an essential component of quality control.

You can read the entire article at: http://health-information.advanceweb.com/Article/Defensive-Abstracting-Makes-Sense.aspx

Compliance Reminder

The second quarter (April - June) of 2009 cases are due January 15th. Please contact Angela Martin (warnerac@health.missouri.edu 573-*884-2491*) if you anticipate any delays.

MCR Bake Sale and Raffle Raises more than $500

In October, MCR held a bake sale and raffle in conjunction with a Breast Cancer Awareness display in Clark Hall. Including donations, our second annual bake sale raised $450.00 to benefit ***CancerCare for Kids***, an organization dedicated to helping children with cancer. A raffle to benefit the ***Women's Cancer Control Project***, a philanthropic account at Ellis Fischel serving area women under 65 years of age in need of mammograms but who are unable to pay, raised $60.00. Raffle items included purses made by Cate Ellis, as well as other breast cancer awareness promotional items.

MCR Annual Adopt-a-Family

Our fourth-annual adopt-a-family was a huge success this year! Packages were delivered to the local women's shelter the week before Christmas, where MCR elves, Alena and Shari, were able to meet 'Mom.' She was thrilled with the donations and thanked our elves profusely, saying, "…God bless you." Had they arrived a short time earlier, they would have gotten to meet the 'wee one' as well – unfortunately, she was upstairs taking a nap.

With donations from staff, (as well as from a few area merchants), MCR was able to donate the following items:

Pink toddler bed, toddler bedding, 2 baby dolls, 4 toddler outfits, 1 pair of toddler pajamas, 1 toddler coat with mittens and hat, 1 pair of black patent-type shoes (toddler), 3 pairs of tights (toddler), 1 talking/interactive storybook, 1 interactive/talking/learning plush-type dog (also plays lullabies), 2 interactive/talking/learning a-b-c toys, 1 interactive/learning teapot toy, 1 TV, 1 DVD player, 2 children's videos, 2 gift cards (donated by Wal-Mart - $75.00 total), 1 pair athletic shoes for Mom, 1 sweater for Mom, 1 coat for Mom, 'stack' of clothing (shirts/jeans) for Mom donated by Sears, red pantsuit for Mom (donated by Sears), a stocking for the toddler with candy/bath soap/shampoo and a basket of bath items for Mom.

The following information is being reprinted with permission from the Arkansas Cancer Registry

Breast CS Tumor Size: Needle Biopsies

CS part 1, p. I-27 letter j: For an incisional needle biopsy, code tumor size as 999 in the absence of a clinical size. Do not code the tumor size from a needle biopsy UNLESS no residual tumor is found on further resection.

SINQ information #20041102:

CS Tumor Size--Breast: How is this field coded when a core needle biopsy removes the majority of the tumor?

Rule 4.j on page 128 of the 2004 SEER Manual states "Do not code the tumor size from a needle biopsy unless no residual tumor is found on further resection."

Example: 3/04/04 core biopsy Rt breast grade 1 infiltrating ductal carcinoma tumor size 0.8cm. 3/10/04 Lumpectomy: 3mm focus of residual infiltrating ductal carcinoma.

If we cannot take the size of the core needle biopsy, do we use the residual size of 3mm or the clinical size which was 1cm on mammogram?

Code the tumor size from the mammogram. Do not code the tumor size from the needle biopsy because residual tumor was present in the lumpectomy specimen

Remember: If your biopsy specimen contains more tumor than your resection, then take the clinical size. Take the tumor size from the needle biopsy when it removes the entire tumor.

Case examples:

1. Core biopsy taken R breast: 4mm infiltrating ductal carcinoma

   Lumpectomy R breast: 1cm infiltrating ductal carcinoma

   CS TS: 010 (1cm from lumpectomy, larger than biopsy specimen)

2. Mammogram: suspicious 1cm mass in L breast UOQ, highly suspicious for breast cancer

   L breast core biopsy: 8mm invasive ductal carcinoma

   L breast lumpectomy: no residual carcinoma

   CS TS: 008 (taken from biopsy because no residual tumor)

3. Mammogram: mass noted in UIQ R breast highly suspicious for breast cancer

   R breast needle biopsy: 9mm DCIS

   R breast lumpectomy: 2mm residual DCIS

   CS TS: 999 (smaller amount residual tumor following needle biopsy, and no tumor size on mammogram)

Hospital Directory Issues

The hospital directory available on the MCR website no longer includes registrar names and contact information. We continue to have technical difficulties in providing this as a password-protected document. You may request an electronic list from Hope Morris.

We Need Your Help

You might think MCR has a direct pipeline to someone who notifies us when new facilities open, close, change ownership, etc., but we do not. For instance, we recently learned about two rather new freestanding radiation treatment facilities and have begun communicating with them about cancer reporting. The only way we learned about these facilities was through information provided by hospital cancer registrars. As the delivery of healthcare continues to evolve, we can expect more changes and we appreciate any details you can provide.

NCRA CEU Reminder

If your CEU cycle ends on 12/31/09, the deadline for submitting CEUs to maintain your CTR credential is 1/31/2010.

SEER Online Training Will Enhance Missouri's CSv2 Hematopoietic and Lymphoid Neoplasms Sessions

Check out the 13 presentations available at http://seer.cancer.gov/tools/heme/. SEER recommends viewing the presentations in numerical order. There is an option to print a PDF version of slides. CEU certificates are available when the registrar completes quizzes.

Cyber Cancer Registry Now Available

If you haven't seen this, you might be interested in the CDC/NPCR Cyber Cancer Registry, an "interactive virtual registry system for developing and assessing the skills of cancer registry personnel" and for new registrars, an opportunity to gain hands-on practice in core areas of cancer registry operations. According to NPCR, "the Cyber Cancer Registry will be completed in phases and will consist of modules pertaining to the core functions of cancer registration in the hospital and central cancer registry settings. The first module, case finding (cancer case identification), is a virtual hospital setting with case finding sources that include pathology reports, medical record disease indices, medical discharge logs, radiation oncology logs, and medical oncology logs." The Cyber Registry can be accessed through NPCR's website http://www.cdc.gov/cancer/npcr/ and via a link from NCRA's website http://www.ncra-usa.org.

Registry Plus Online Help (RPOH) Available

Tired of lugging around those huge manuals? Download RPOH to your desktop; it includes the revised 2009 FORDS, the Collaborative Staging Manual and Coding Instructions, the Multiple Primary and Histology Coding Rules, as well as ICD-O-3 morphology numerical listings. Directions for installing or upgrading:

http://www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm

2010 Quarterly Calendar

Awareness Months

January – Cervical Health Awareness

March — National Colorectal Cancer Awareness

January

January 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before June 2009

Monthly or Quarterly Hospital Reporting Deadline (300-500) -
For cases diagnosed on or before Apr/May/June 2009

February

February 4
NAACCR Central Cancer Registry Webinar -
Soft Tissue Sarcoma & GI Stromal Sarcoma - Columbia, MO (MCR)

February 15
Monthly Hospital Reporting Deadline (>500) -
For cases diagnosed on or before July 2009

March

March 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before August 2009

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 play 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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Main office: 573-882-7775
Hospital reporting: 1-800-392-2829
Non-hospital reporting: 1-866-240-8809
Fax: 573-884-9655
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