

MISSOURI Cancer Registry Newsletter

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

News, news and more news...

MCR Annual Adopt-a-Family

MCR's third-annual adopt-a-family was truly a success this past December. With donations from staff, we were able to help make Christmas a little brighter for one area mother and her 5 children.

MCR Staff News

- Just a reminder about our staff reorganization — Angela Martin is in the Coding, Review & Followback Unit under Brenda Lee and Nancy Cole. We have moved Audits and DC into QA so Cate Ellis and Debra Douglas will now be in that unit. Sue is acting as QA Coordinator during this transition period. Deb Smith is the Education Coordinator but will still be working in QA. By moving more staff into QA, we hope to be able to clean up the backlog of unprocessed cases (>8000) and provide more timely feedback regarding data submitted by hospitals.



Denise Lenk, new MCR staff member.



Pictured above are members of MCR staff with gifts ready for delivery to our family.

- MCR also has a new staff member, Denise Lenk, RHIT, MBA, who started in November. She will be working with Coding, Review & Followback, audits and DC. Denise has worked in medical records for many years. We are very happy to have someone with her credentials and expertise.
- One of our long-time employees, Lisa Tweeddale, has resigned. Lisa has worked at MCR since December 2005 and has taken care of LTCF reporting, as well as other non-hospital areas, including abstracting and follow-back. We wish Lisa good luck in her future endeavors!

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Basic Registry Training Workshop

MCR and MoSTRA recently hosted the Basic Registry Training Workshop at North Kansas City Hospital. Pictured to the right are instructors, Angela Martin and Louanne Currence (top) and Deb Smith and Louanne Currence (bottom). Thanks to everyone who attended!



Timeliness

The first 3 quarters of 2007 data should be submitted by April 15th. This deadline includes those that submit monthly and quarterly. Alena and Hope are sending out "friendly" reminders to anyone that does not submit in a timely manner.

Completeness

Another requirement that MCR has to meet for NAACCR and NPCR is completeness. Completeness is the number of consolidated cases in the database vs. the number expected. We have to be 95% complete at 22 months and 90% at 12 months. In the past, we have tried to send out completeness information annually. We hope to be able to send out this information at least quarterly. Our software vendor is working on reports that will make it easier to compile these numbers. Something to look forward to....



MCR Abstract Code Manual

The 2009 *Abstract Code Manual* has been posted to the MCR website (<http://mcr.umh.edu>) under Cancer Reporting/Hospital. There are few changes this year — mostly clarifications.

Death Clearance on the Horizon

We hope to begin the death clearance process in either late April or early May. This year we hope to use Web Plus for all hospitals, not just those reporting electronically. Although there were a few glitches last year, overall, the process went well. If you have any suggestions/feedback about Web Plus death clearance please send them to Nancy Cole, colen@health.missouri.edu.

NCRW

How will you be celebrating National Cancer Registrars Week (April 13-17th)? Send us descriptions of your activities and/or pictures and we will post them on the website. Registrars here in central Missouri are going out to lunch.

Registry Resources

CancerConsultants.com (<http://patient.cancerconsultants.com>) provides reliable information about the prevention, screening, treatment and overall management of cancer. The content has received awards for excellence and has been named one of the top 5 oncology Web sites by Oncology Net Guide. You can sign up to receive daily cancer news in general, or by topic, as newsletters. For example, a recent Leukemia and Cancers of the Blood Newsletter includes information presented at the recent American Society of Hematology (ASH) and American Society of Clinical Oncology (ASCO) meetings, as well as a timely article about the relationship between vitamin D and cancer.

Abstracting Tips

Lung CS Extension: CS Extension codes 20 and 21 describe main stem bronchus involvement greater than or equal to 2.0 cm from the carina, or distance from carina is not stated. The reference is to the *primary carina* where the left and right mainstem bronchi join the trachea, not to the secondary carina where the MSB branches off to the upper and lower lobes.

Colon CS Extension: Tumor that extends into "pericolonic fat" can be either localized or regional disease, depending on whether or not there is extension through the entire thickness of the bowel wall. Involvement of pericolonic fat within the wall (intramural) is local disease and is given CS Extension code 40. Pathology reports usually state this as involvement of subserosal fat or tissues. Tumor penetration through the entire thickness of the colon wall represents regional disease and is given CS Extension code 45. The pericolonic fat in this case refers to the mesenteric or retroperitoneal fat. If it can't be determined whether pericolonic fat involvement is subserosal or outside of the colon wall, use code 42 (Fat NOS).

Is NCRA's Facebook Really For Me?

Have you checked out NCRA on Facebook? "Isn't Facebook that social networking thing on the internet?" you say. It is, but it is much more than that – it is also a great way to stay in touch with what is going on in the registrars worldwide.

I know the first thing on your mind is "how secure is it?" As a Facebook member you determine how much information you want out there, as well as how much information others can see. You have so much control that you can make sure that people do not see your personal page unless they are your friend.

The new NCRA group page contains many choices for you to view. A young lady from Guam who I met at training program two years ago got in touch with me. We have been chatting about our national meetings coming up and whether or not we would be in attendance. Since many of us may not be able to attend our national meetings during these financial times, Facebook is a great way to request information from others who may attend. If anyone records a program they can post it on Facebook, making it available for others to view.

Do you have a position available at your facility? You can post your job opening on the NCRA Facebook group simply by 'writing on the wall' -absolutely free! This way, not only do you get local exposure but national and international as well. You never know who might be willing to relocate!

Other things happening on the Facebook page include discussion boards/topics, links to other cancer registry association pages, upcoming events and the news of NCRA. There are posts from registrars getting ready to take their CTR exam, from those who have passed the exams, as well as HIM students wanting to know more information about NCRA and our profession. So the next time you happen to be on the internet stop by Facebook and take a look at the NCRA page. You might find exactly what you're looking for! (<http://www.facebook.com/group.php?gid=44790934291>) *Angela Martin, BS, CTR*

Overview of 2010 Changes

All registrars are concerned about the 2010 changes. The standard setters have not decided which fields will be required, but MCR will provide updates as they are received. We did obtain the following information from a recent North American Association of Central Cancer Registries (NAACCR) webinar for central registries on March 25th. Additional information is from NAACCR Volume II, Version 12 (Draft) which can be found at: http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=133

New Data Items: Collaborative Stage Version 2 (CSv2) and AJCC 7th Edition changes will add approximately 55 new data items. (See CSv2 Overview below for more information.)

Date fields will have a new layout from MM/DD/YYYY to YYYY/MM/DD. This is being done to make cancer registry data compatible with other types of data. Status and Date Flag fields will add another 28 new data items. Non-date values (00000000, 88888888, 99999999) that are currently incorporated in date fields will be replaced by new status fields and date field flags. If there is a complete valid date, then the date flag field will be blank. **Example:** Date of Diagnosis = 20100205; then Date of Diagnosis flag = blank. If any part of a date is unknown, then a code will be required in the date flag field. **Example:** Date of Diagnosis = unknown (field will be blank); then, Date of Diagnosis Flag = 12 (proper value is applicable but not known).

Many of the date flag fields only have a choice of 2 codes; 12 = proper value is applicable but not known and blank = A valid date value is provided or the date was not expected to have been transmitted. It may be possible for software vendors to default some of these date flag fields. Other date flag fields have multiple codes and will require data entry.

There are 2 new fields related to Grade. Grade Path System indicates whether a 2, 3 or 4 grade system is used and is used in conjunction with Grade Path Value. Grade Path Value describes the actual grade according to the grading system in Grade Path System. The current grade fields will not change.

What is old is new again! Surgical Approach is back again. This is a NEW field and is titled RX Hosp – Surg App 2010. Not to be confused with the old RX – Surgical Approach which was no longer required as of January 1, 2003. Historical data in the old surgical approach field should be maintained.

Fourteen data items have been retired. Two of these data items, Alcohol History and Tobacco History, are currently required by MCR and will probably continue to be required.

Several fields have been changed. In addition to Collaborative Stage and AJCC 6th Edition, Race, Laterality, Class of Case and Text fields have been changed.

- Code 09 for Race (1-5) has been retired.
- Code 15 – Asian Indian or Pakistani, NOS (formerly Code 09) added
- Code 16 – Asian Indian and Code 17 – Pakistani added
- Laterality – Removed midline tumor from Code 09 – added Code 05 for midline tumor
- Class of Case – expanded to a 2-digit code for more specificity
- Text fields – expanded to 1000 characters (NOTE: Volume II gives some hints for completing text fields and the coded fields that can be verified by a particular field)

CSv2 Overview: One of the changes to collaborative staging is the addition of 7 data fields to collect pre & post-treatment staging. Good news...**collection of these fields has been delayed until January 1, 2011.**

Twenty-five total site-specific factors will be available. Not all will be used for every site. For example, breast uses 13, prostate uses 10, and colon and rectum uses 9. The new site-specific factors are based on the AJCC 7th Edition and include tumor markers such as CA 125, CA 19-9, prognostic/predictive factors (Gleason tertiary pattern), future research/special interest items and patient history of other diseases.

Registrars will see new schemas based on histology. There will be histology inclusion lists for the histologies that DO derive an AJCC state (e.g., ductal carcinoma, breast). Codes for CS Extension and CS Lymph Nodes will be 3 digits. There will be new mapping and new footnotes.

Training workshops are being developed by the various standard setters. Phase I will include 10 site-specific 1-hour presentations with exercises. The type and timing of any MCR workshops is currently unknown but Missouri registrars will be kept informed regarding these opportunities.

NOTE: The above information is preliminary and based on our interpretation of available data. It is for informational purposes only and should not be considered authoritative.

Mark MCR website as 'Favorite'

New Version of Registry Plus Online Help (RPOH) Available

Be sure to update your copy of this valuable resource. Directions for installing or upgrading can be found at:

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

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. Using RPOH is much easier than dealing with a huge stack of reference manuals – and you don't need to worry about updating pages!



Winner of our recent, "Ugly Sock Contest" at MCR!!

MCR Helps CDC Test Central Registry Software

Five years ago we never dreamed that MCR would have the technical capabilities to utilize web-based initiatives to improve cancer reporting in Missouri. Who would have predicted that we'd have a means for physician web-based reporting? Or a secure method for hospital file transmittals? Through the CDC's continued efforts, many central registries, including MCR, are making great strides in adapting to the ever-changing world of information technology.

As a result many of us will be required to "learn a new tune" and sometimes that present challenges. I insisted on using my paper manuals, including the bulky CS manual, even when electronic manuals became available - just had to have that paper in my hands. Now, however, I don't want to be bothered with paper and love having so many resources on my computer's desktop. I am adapting. That is the way of the registry world – we will continue to expand our electronic capabilities and learn to adapt our work styles to utilize those capabilities.

Because we believe so strongly in an electronic future, we accept every opportunity to lend a hand in building that future. The CDC continues to make improvements in its registry software products and MCR is testing beta versions of both Web Plus and Mapper Plus. Missouri hospitals and MCR staff adapted well to the Web Plus file upload function. We anticipate that some of the new functionalities may require a bit more getting used to – for MCR staff and for hospital registrars alike.

For example, the Web Plus project involves a revised upload module which rejects abstracts with errors while allowing clean abstracts to be submitted. This is exciting; however, we do have reservations about this process (tracking rejected cases and files, etc.). Another feature will allow MCR to send files containing confidential information such as accession registers to facilities. That too is exciting and much-needed; however, this could present security issues if the process is not handled with care. We started in-house testing in late March and may ask for volunteer hospital testers in the next few weeks. Registrar input will be invaluable because change is inevitable. Each one of us has work expectations to provide high-quality data in timely, cost-effective ways – your input in this project can go a long way in meeting those expectations.

The other project involves Mapper Plus, the software developed to process electronic pathology reports. The programmer is working to create a module that will turn various electronic file formats into the central registry standard NAACCR layout. Saba Yemane, our database manager, is currently testing this module with files from vital statistics (death clearance) and from Show Me Healthy Women (formerly BCCCP). This will be valuable to central registries because very few pathology labs have staff with the expertise to create HL7 files (considered the standard way to exchange health-related electronic information). *Nancy Cole, Assistant Project Manager*



2008 Quarterly Calendar

Awareness Months

April

April 13-17
National Cancer Registrars Week

April 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before September 2008

Monthly or Quarterly Hospital Reporting Deadline (300-500)
For cases diagnosed on or before Jul/Aug/Sept 2008

April 17
KCATRA Meeting & Vendor Demonstration Day
Demonstration will include ERS and IMPAC registry software
North Kansas City Hospital 9:00 am - 4:00 PM

April – Cancer Control

**May — Melanoma/Skin
Cancer Detection and
Prevention**

**June 1 — National Cancer
Survivor’s Day**

May

May 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before October 2008

May 15
Spring BiSTRA Meeting—Missouri Baptist Medical Ctr.

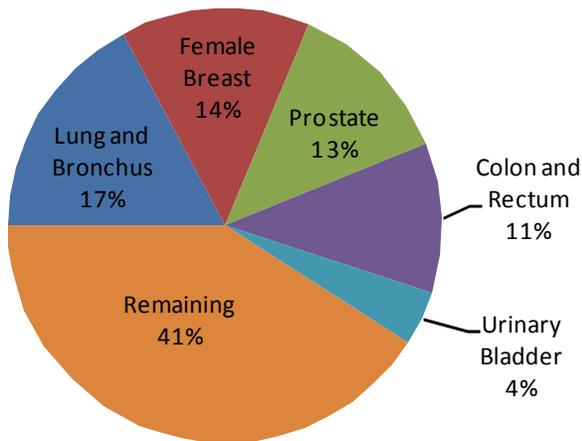
May 31-June 3
NCRA 2009 Annual Conference—New Orleans, LA

June

June 13-19
NAACCR 2009 Annual Conference—San Diego, CA

June 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before November 2008

2006 Top Malignant Sites

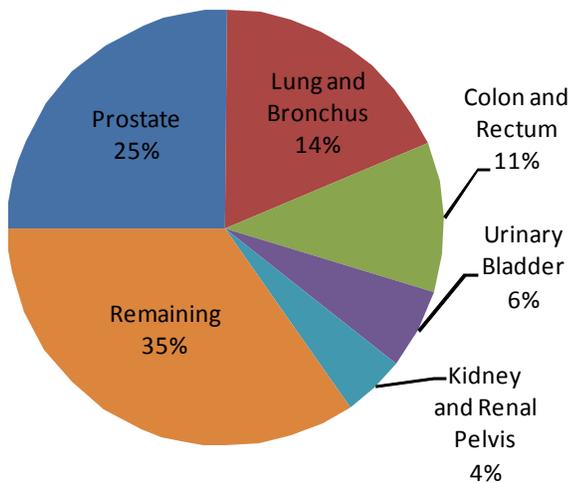


These charts are just an example of data available from the Missouri Cancer Registry.

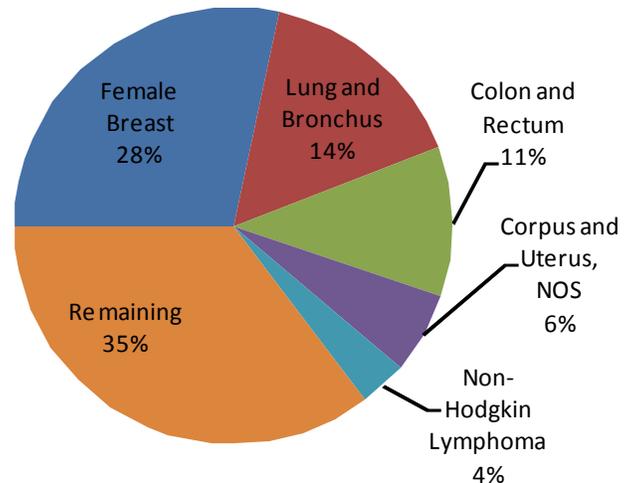
If your registry, facility or physicians need more detailed data, please contact Mary Jane King at 573-882-8292 or

kingmj@health.missouri.edu

2006 Top Malignant Sites - Males



2006 Top Malignant Sites - Females



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