

December 2007

MISSOURI Cancer Registry Newsletter

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

News, news and more news...



Happy Holidays from all of us at MCR!

In this issue...

- St. John's Mercy Hospital News
- BiSTRA Election Results
- NAACCR Data Submission
- NPCR Audit Dates Set
- Timeliness Reminder
- Job Opening
- CTR Eligibility Requirements Change
- The Changing Face of Missouri Hospitals
- Featured Website
- Advanced Training in 2007 MP&H Coding Rules
- Oncology Treatment & Updates
- Reformatted Benign Brain and CNS Rules Available
- MCR Promotes Cancer Awareness

As these e-mailed updates are sent only to MCR's main hospital contacts, please remember to share this information with other registry staff. Thank you!

Paint the Town Pink— News from St. John's Mercy Hospital

Diana Grove, reports that her facility, St. John's Mercy Hospital (SJMH) partnered with the City of Washington and the American Cancer Society to "Paint the Town Pink." for Breast Cancer Awareness Month. A third of all cancers diagnosed at St. John's Mercy are breast cancer, and each year the Hospital diagnoses up to 100 new cases. (see corresponding picture to the right).



In addition to placing a pink duct tape stripe down a two-block area of the business district, SJMH staff members invited merchants to display a pink ribbon poster in the window of their businesses and provide breast cancer and mammogram information. SJMH provided each merchant with a pink bag filled with information from the American Cancer Society about performing breast self exams, breast cancer literature from St. John's Mercy and the scheduling number for mammograms at the Hospital. Washington Mayor Dick Stratman kicked off the event on October 1 by completing the final piece of pink stripe on Main Street and presenting a proclamation of the city's support of Breast Cancer Awareness month and St. John's Mercy Hospital.

St. John's Mercy Hospital also placed 160 Pink Ribbon banners around the hospital grounds and along Main Street to show its support of Breast Cancer Awareness month.

BiSTRA Election Results

The 2007-2008 BiSTRA Board Members are as follows: President Elect, Deb Smith; President, Jean Jetter; Vice President, Gail Sanders; Secretary, Yvonne Currie; Treasurer, Gail

Behling; 1 yr. Board Member Linda Rose; 1 yr. Board Member, Vernice Grant-Lyles; 1 yr. Board Member, Linda Talley; 2 yr. Board Member, Julia Kang; 2 yr. Board Member, Sheila Doyle.

NAACCR Data Submission

QA staff worked diligently to get our data submitted on time to NAACCR for 2007. We were slowed down a bit due to the change in software; however, we still took time to edit and clean the data as always.

One of the many tasks we perform is to compare the first names of breast cancer patients to the gender; for example, a male with breast cancer named "Betsy" entered as a male is probably a female. To correct this, we review the abstract documentation to see if there is information that will allow us to change the gender code to female. A middle name like "Josephine" can help. Sometimes there is a spouse name listed, like John. Or maybe the spouse name is "Edith" so we confirm that the male gender is correct. If the case has been submitted by multiple sources, we may use information in the other

abstract. We also try to find outside sources that may list both spouse names. If time allows, we may contact the reporting facility for assistance.

Interestingly, it is not always the non-gender names like "Marion" or "Meredith" that cause problems. This year we had Mary, Karen, Lois, Barbara, Betsy, Diane, Patricia, Rose, Violet, Valerie and Sharon, all of whom were actually females, entered as males. This might be a good QA report for your facility to use occasionally; it just might save us from pestering you with a telephone call!

NPCR Audit Dates Set

We've got our calendars marked for the upcoming NPCR audit of the Missouri Cancer Registry. Between September 8-19, 2008, audit staff will arrive in Missouri and go to various hospitals to perform casefinding and re-abstracting for cases diagnosed in 2005. Sounds like the hospitals are being audited, right? In reality, the auditors are checking to see how well the central registry is performing its responsibilities, especially the review of incoming data.

Continued on next page

Some of you may remember our 2002 NPCR audit. This one will be much the same. The audit company will select several hospitals in each of three categories: high, medium and low volume. Auditors will spend between 1-2 days at each facility. The auditors results are compared to the cases in the MCR database, then returned to MCR for reconciliation. MCR did fairly well in the 2002 audit.

Casefinding/case completeness: Out of the nine facilities, auditors identified 62 missed cases. Prostate and female breast cancer cases were missed most often. Thirty-three were identified in the MRDI, and 41 were identified in pathology reports. Our overall case completeness was 95.6%; the NPCR standard is 95%.

Data Quality: The overall accuracy rate for MCR was estimated at 96.9 percent, for which the auditors commended MCR.

Timeliness Reminder

Hospital caseload > 500: Cases diagnosed in May 2007 should be submitted by December 15, 2007.

Hospital caseload < 500: Cases diagnosed in Jan/Feb/Mar 2007 should have been submitted by October 1, 2007; Apr/May/June 2007 should be submitted by January 1, 2008.

Find a complete listing of hospital reporting schedules at: <http://mcr.umh.edu/downloads/Reporting20Calendar-m.pdf>

Job Opening

Full time CTR position available at Saint Louis University Medical Center. Flexible hours, competitive wage, great work environment. Come join our winning team; CTR required. If interested, please send resume or contact Pam Melton via Email: pamela.melton@tenethealth.com, Fax: 314-268-7980 or Phone 314-268-7985.

CTR Eligibility Requirements to change in 2008 and 2009

Don't forget, CTR eligibility requirements are changing. On-the job training by itself will no longer qualify one to sit for an exam. By 2009 one must possess an associate's degree from an approved program to be eligible to sit for the exam. There is still time to meet the 2008 requirements. Be sure to check the guidelines at NCRA's website. They are very strict – and do not provide many options. <http://www.ctrexam.org/eligibility/index.htm#sub4>



The Changing Face of Missouri Hospitals

Sometimes central registry staff are a bit behind the times on hospital issues. For example, not all of us were aware there are 35 *critical access hospitals* (CAH) in Missouri. For anyone else unfamiliar with this designation, these are rural hospitals certified to receive cost-based reimbursement from Medicare. The federal government created this designation several years ago when it became apparent that rural hospitals were closing due to financial difficulties. These hospitals are still required to report cancer patients to MCR.

We have also learned recently about *long term acute care hospitals*. One particular company has opened facilities in Cape Girardeau and Joplin, with another one planned to open in Columbia in 2008. This type of hospital is designed to

provide care for patients referred from general acute care hospitals who are too ill for admission into skilled nursing facilities. This might include patients requiring mechanical ventilation or post-stroke care. They will not be in direct competition with general acute care hospitals.

Featured Website

<http://adjuvantonline.com/index.jsp>

This site helps health professionals and patients with early cancer discuss the risks and benefits of getting additional therapy (adjuvant therapy: usually chemotherapy, hormone therapy, or both) after surgery. The health professional enters information about the patient's disease to get:

- estimates of the risk of negative outcome (cancer related mortality or relapse) without systemic adjuvant therapy,
- estimates of the reduction of these risks afforded by therapy, and risks of side effects of the therapy.

These estimates are then provided on printed sheets in simple graphical and text formats to be used in consultations. You must register to use this site.

Advanced Training in the 2007 Multiple Primary and Histology Coding Rules

Are you interested in receiving advanced online training in the 2007 Multiple Primary and Histology Coding (MP/H) Rules? If so, *Beyond the Basics* is for you!

What is Beyond the Basics? NCI SEER staff has recorded five new web training sessions titled *Beyond the Basics*. These sessions cover general instructions and four sites; breast, colon, lung, and urinary.

Continued on next page

- The *Beyond the Basics* sessions provide clarifications and address problems people have encountered using the 2007 MP/H Rules.
- There are ten new cases for each of the four sites along with the answers and rationale.

How do you access the Beyond the Basics? *Beyond the Basics* sessions are now available on the SEER website. You can access the sessions by clicking on the link, http://www.seer.cancer.gov/tools/mphrules/training_advanced.html

Transcripts, cases, answers and rationale are posted on the website with the sessions.

Continuing Education Units (CE hrs). CE certificates are available after each *Beyond the Basics* presentation.

Oncology Treatment Updates

- **More American Women With Breast Cancer Choosing Double Mastectomy (23 Oct 2007):** A new US study shows that more American women are choosing to have both breasts removed when only one breast is affected by breast cancer. In the first study to look at the trend across the US, researchers found that the number of women electing to have contralateral prophylactic mastectomy (CPM) to prevent cancer in the opposite healthy breast has gone up by 150 per cent between 1998 and 2003.

Source: *"Increasing Use of Contralateral Prophylactic Mastectomy for Breast Cancer Patients: A Trend Toward More Aggressive Surgical Treatment."* Todd M. Tuttle, Elizabeth B. Habermann, Erin H. Grund, Todd J. Morris, Beth A. Virnig. *Journal of Clinical Oncology Early Release*, published online ahead of print, Oct 22 2007 doi:10.1200/JCO.2007.12.3141

- In an unexpected finding, a clinical trial demonstrated that lumpectomy for ductal carcinoma in situ (DCIS) was superior to mastectomy in disease specific mortality. Therefore, lumpectomy is to be recommended above mastectomy for DCIS. *Oncology Issues, September/October 2007.*
- Another abstract demonstrated that the addition of tamoxifen reduced in-breast recurrence from 32 percent for lumpectomy alone, to 15.8 percent and down to 12.5 percent for lumpectomy plus radiation. Clinicians should add tamoxifen to radiation therapy and lumpectomy for DCIS. *Oncology Issues, September/October 2007*
- **Ixempra – Approved for Advanced Breast Cancer:** The United States Food and Drug Administration (FDA) has approved Ixempra® (ixabepilone) for the treatment of advanced breast cancer. The indication includes the use of Ixempra as a single agent for the treatment of recurrent, advanced breast cancer in patients who have stopped responding to chemotherapy including anthracyclines, taxanes, and Xeloda® (capecitabine). Ixempra is also approved for the treatment of advanced breast cancer in combination with Xeloda among patients whose cancer has stopped responding to anthracyclines and taxanes or who do not respond to a taxane and are not eligible to receive further treatment with anthracyclines. Ixempra is a type of chemotherapy agent that is a semi-synthetic analog of Etoposide. Ixempra prevents or reduces cancer cells from replicating.
- Sorafenib (Nexavar) was recently granted fast-track status in the setting of hepatocellular carcinoma (HCC). Currently approved for renal cell ca. The clinical trial has shown that Sorafenib significantly improved overall survival in patients with advanced HCC, becoming the first agent to demonstrate a survival benefit in this setting. *Community Oncology, September 2007*
- According to a new study by researchers at Duke's Preston Robert Tisch Brain Tumor Center, a combination of bevacizumab -- commonly known as Avastin -- and a standard chemotherapy agent, may increase the amount of time GBM patients can survive without tumor growth, and may significantly increase their overall survival. *Published in the October 20, 2007 issue of the Journal of Clinical Oncology.*

"Principles for the Development of a Complete Mind: Study the science of art. Study the art of science. Develop your senses - especially learn how to see. Realize that everything connects to everything else."

Leonardo DaVinci

Reformatted Benign Brain and CNS Rules Available

Reformatted versions of the Benign Brain and CNS Rules have been developed by NCI SEER and approved by the Registry Operations Committee (ROC) of NAACCR. The rules have not been changed, they are only presented in a different way. The rules are available for downloading at:

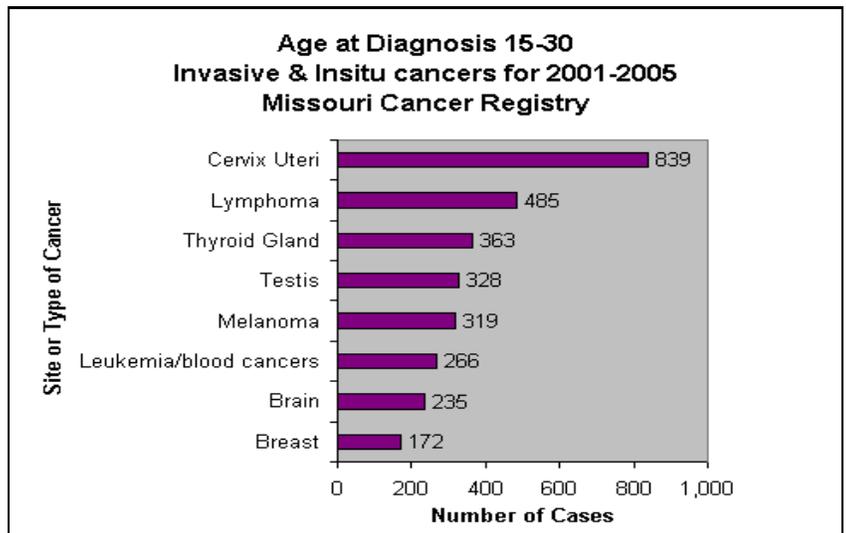
http://seer.cancer.gov/tools/mphrules/benign_brain.html

You will find a set of Equivalent Terms and Definitions as well as the rules in all three formats: text, matrix, and flowchart.

MCR Promotes Cancer Awareness

MCR staff hosted a display in the lobby of Lewis & Clark Halls on October 16 & 17th during Breast Cancer Awareness month. In addition to breast cancer materials, MCR staff had information on melanoma skin cancer prevention, as well as cervical cancer and the cervical cancer vaccine. MCR shared the table below; the data for 2001-2005 shows a total of 3,017 cancers for young people from the ages of 15-30. It's no surprise that the number of cervical cases is the highest type of cancer for this age group.

One popular feature of our display this year was the Dermascan machine, provided to us through the support of Schering-Plough. The Dermascan is a box that uses ultraviolet (UV) light to show sun damage invisible to the naked eye. In the photos below you can see how an individual places his head or hand into the hooded box and can then view the damage on reflective mirrors. At the same time, a second person can look from the back to see what type of damage (if any) the UV light shows on the first individual's skin.



Above – MCR staffer, Shari El Shoubasi views a faculty member's skin using the Dermascan (MCR staffer, Angela Warner-Martin shown in background of both pictures—not sure what she's thinking!!)

Below – Shari El Shoubasi and student prepare to use the Dermascan.
(photos provided by Jeannette Jackson-Thompson)



Above – MCR staffer, Nancy Cole shows students a sample of literature provided by the Susan G. Komen Foundation, The American Cancer Society and Boone Hospital Center during our display to promote Breast Cancer Awareness.

December

2007 Quarterly Calendar

Awareness Months

December 7
BiSTRA Winter Educational Workshop

December 15
Monthly Hospital Reporting Deadline (>500)
(For cases diagnosed in May 2007)

December 25
Christmas Day

January - Cervical Health Awareness

January 1
New Years Day

January 1
Monthly or Quarterly Reporting Deadline (300-500)
(For cases diagnosed in Apr/May/June 2007)

January 1
Monthly or Quarterly Reporting Deadline (<300)
(For cases diagnosed in Apr/May/June 2007)

January 10 (formerly scheduled for December 06)
Hospital Registry Webinar
Hospital Cancer Registry Operations

January 14
Martin Luther King Jr. Day

January 15
Monthly Hospital Reporting Deadline (>500)
(For cases diagnosed in June 2007)

January

February 14
Hospital Registry Webinar
Cancer Treatment and How to Code It: Surgery, Radiation,
Systemic and Other

February 15
Monthly Hospital Reporting Deadline (>500)
(For cases diagnosed in July 2007)

February

Holiday Greetings from the Staff at MCR – We hope you have a safe and wonderful holiday season.



Contact Us

Missouri Cancer Registry
PO Box 718
Columbia, MO 65205-07981

Main office: 573-882-7775
Hospital reporting: 1-800-392-2829
Non-hospital reporting: 1-866-240-8809
Fax: 573-884-9655
Website: <http://mcr.umh.edu>

MCR Administration

- **Jeanette Jackson-Thompson, MSPH, PhD**
Administration, Operations Director
- **Sue Vest, BS, CTR**
Administration, Project Manager
- **Nancy Cole, BS, CTR**
Administration, Assistant Project Manager
- **Mary-Jane King, BS**
Admin., Surveillance, Special Projects & Data Utilization Mgr.

MCR Staff

Quality Assurance Unit - Electronic Reporting

- [Debbie Smith](#), BS, CTR - Q/A Coordinator
- [Bec Francis](#), MEd, CTR - Q/A Assistant Coordinator
- [Angela Warner](#), BS - Q/A Specialist

Audit Unit

- [Debra Douglas](#), CTR – Coordinator

Coding, Review & Followback

- [Brenda Leg](#), CTR – C,R&F Coordinator
- [Debra Eccleston](#), - C,R&F Specialist
- [Lisa Tweeddale](#), BSN - C,R&F Specialist
- [Keri Grier](#), CTR – C,R&F Specialist

Compliance and Death Clearance Unit

- [Cate Ellis](#), RN, BSN, CTR - Coordinator

Web Plus - Electronic Reporting

- [Shari El Shoubasi](#), - Coordinator

Database Management

- [Saba Yemane](#), BS – Database Manager
- [Iris Zachary](#), MS, CTR – IT & Technical Support Coordinator
- [Alena Headd](#), MSIT - Systems Analyst

Surveillance, Research and Special Projects Unit

- [Suzanne Cutler](#), RN, PhD - NCI Project Research Coordinator
- [Chester Schmalz](#), Graduate Student

Office Manager

- [Hope Morris](#)