We recently received the Implementation Guidelines for NAACCR Version 11 which will be effective with cases diagnosed on or after 1/1/06. There is only one field that will require a conversion (Primary Payer) and a few fields with coding changes. There are also some new fields and newly required fields. We will be sending out a list of Required Data Items in January and hope to have a new manual available by April.

One part of Version 11, Multiple Primary/Histology Coding Rules, will not take effect until 2007. MCR will be offering workshops on these rules in the Spring of 2007.

Registration is now open for the first of four web conferences that are part of the NPCR Education and Training Series. The first web conference is "How to Collect High Quality Colon and Rectum Cancer Surveillance Data." The focus of the web conference is collection of colon and rectum cancer surveillance data including anatomy, coding complex and compound histology with ICD-O-3, Collaborative Staging, collection of treatment data and is relevant for data collectors in both incidence and population-based cancer registries. The web conference will be presented Tuesday, January 10, 2006 beginning at 1:00 p.m. Eastern, 12:00 p.m. Central, 11:00 a.m. Mountain, and 10:00 a.m. Pacific time.

Please go to the NAACCR website, www.naaccr.org, to find the enrollment form for the web conference and an agenda with instructions including requirements necessary to connect to the web conference. On the NAACCR home page, go to What’s New, Training, and link to NPCR Education and Training Series: How to Collect High Quality Colon and Rectum Cancer Surveillance Data.

Enrollment for the web conference is limited to 50 participants. There is no charge for participation in the web conference.

This web conference is supported by contract #200-2001-00044 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Shannon Vann, CTR
Program Mgr. of Education and Training NAACCR Inc.
(315) 682-6543

MCR will be hosting the conference here at the University. We have space for 8 - 10 attendees. Please call Hope at 573-882-7775 or 1-800-392-2829 to register.
ICD-9 Changes

As of October, 2005, there have been changes to ICD-9-CM codes. Some of these changes may affect your case finding list/procedures. Changes include:

1) Code V58.1 Encounter for chemotherapy has been deleted and replaced by subcategory V58.1 Encounter for antineoplastic chemotherapy and immunotherapy and expanded to include 2 new codes:
   a) V58.11 Encounter for antineoplastic chemotherapy;
   b) V58.12 Encounter for immunotherapy for neoplastic condition.

2) Three new codes have been added to capture the infusion of liquid radioisotopes into the brain:
   a) 01.26 Insertion of catheter into cranial cavity
   b) 01.27 Removal of catheter from cranial cavity
   c) 92.20 Infusion of liquid brachytherapy radioisotope

A complete list can be found at: http://health-information.advanceweb.com/(Selected Archives and the 10/10/05 and 11/17/05 publications)

What’s Your Opinion?

How do you code aromatase inhibitors given after tamoxifen? Is this new treatment or only continuation of current treatment? This is a question we saw on the NCRA list serve. MCR staff decided that it was a continuation of 1st course of treatment. We used the following websites to help us with this decision:

http://www.breastcancer.org/tre_sys_hrt_serd.html

http://www.cancer.gov/clinicaltrials/developments/aromatase-inhibitors-digest

P.S. We later saw this response from http://www.cancer.gov/clinicaltrials/developments/aromatase-inhibitors-digest

April: “Femara (or another aromatase inhibitor) is recommended because it is beneficial after 5 years of TMX, so it is a continuation of first course. First course is defined (briefly) as ‘all treatment through progression of disease.’ Femara is intended to prevent recurrence, just like Tamoxifen. So yes, add the Femara to the first course of treatment for the case if the patient just switches drugs. but the treatment is continuous.”

FYI

1. Moving to a new central registry software has meant some changes in our work flow here at MCR. We are still in the "testing" phase but have made the following changes:
   • QA follow back will now be printed File Error Logs. These logs are generated by the software and will list the case information and the error.
   • A specific QA person has been assigned to each hospital. The staff member will be loading and reviewing assigned hospital's files. Hopefully, this will give everyone more continuity. We will be sending out notifications regarding which staff member is assigned to your facility.

2. We would like to REMIND EVERYONE that Cause of Death MUST be coded using ICD-10 codes if the date of death is 1999 or later. The following is a reminder of special codes in addition to ICD-10 codes.
   • 0000 - Patient alive at last contact
   • 7777 - State death certificate not available
   • 7797 - State death certificate available by underlying cause of death is not coded

3. Please thoroughly document cases with Squamous Cell Carcinoma of the lip. Without that documentation, it is very difficult to determine the correct site.
Timeliness

If you submit cases monthly, cases diagnosed in May 2005 are due in December 2005. Quarterly data submissions for April, May & June 2005 are due by January 15, 2006. Continue to send all questions regarding timeliness to Sue at:

vests@health.missouri.edu

Personnel

We have a new secretary!!!! Her name is Hope Morris and we sincerely HOPE she will decide to stay awhile. We do NOT have a new registrar. Linda Boyce has decided to stay with Boone Hospital. We wish her the best.

Hospital Directory Update

WE NEED YOUR HELP…. Hope is trying to update the Hospital Directory. Please go to the MCR website and complete and return the Hospital Directory Update form. It is located under Cancer Reporting. Even though the information may not have changed, please complete and return the form. This helps to ensure that we have the correct info. THANKS....

Thanks!

Thanks for taking time to reply to our recent follow-back request for information on patients identified through nursing home reporting. This is a casefinding exercise for your facility and for MCR. If you have any questions regarding this process, please call either Nancy Cole or myself.

Information