MISSOURI
Cancer Registry Newsletter

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

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News, news and more news...

MCR Awarded Grants by CDC for Two Special Projects

MCR was recently awarded more than $780,000 for two cancer registry-related projects. One project focuses on ways to improve the quality and completeness of race and ethnicity data in MCR's database. Proposed steps include surveying reporting facilities regarding their methods of collecting and reporting race and ethnicity data, as well as performing linkages with outside databases to resolve race discrepancies or cases reported with unknown race. The larger of the two projects focuses on improving cancer case reporting by accessing electronic clinical databases with an Electronic Health Record (EHR) interface. This will be a collaborative effort among MCR project staff, the NPCR-AERRO physician work group, a newly-funded Regional Assistance Center operated by the University of Missouri medical school's Department of Health Management & Informatics, the Missouri Office of Health Information Technology (MO-HITECH) and the broader cancer community. The project will involve one or more physician offices and/or medical or radiation oncology clinics (TBD). For more information about these projects, contact Suzanne Culter at MCR (culters@healthmissouri.edu).

Case Finding Congratulations

Three of the 20 hospitals audited earlier this year demonstrated *outstanding* case finding practices. Congratulations to St Luke's Institute (Kansas City), under the leadership of Marlena Barmann; they had no missed cases!! Two hospitals missed 1 case each – Barnes Jewish Hospital, under the leadership of Lori Grove and St Mary's – Blue Springs – Mary Ellen Cook. Each hospital administrator received a congratulatory letter from Jeannette Jackson-Thompson, MCR's Operations Director. MCR also presented each facility with a framed certificate to acknowledge their success. (Photo – St Luke's Cancer Institute Staff: Kerry Barkman, Pat Moore, Kathy Donelson, and Nancy Cole. Not pictured: Marlena Barmann.)

In this issue...

Speaking of Audits……

Preparations for the 2011 audits are underway and fifteen facilities have been selected for review. The plan for this year includes both full audits and re-coding audits. Full audits consist of MRDI review performed in the central office plus onsite visits for pathology review and re-abstraction from the original hospital record. Re-coding audits are performed based on the abstracted text from recent submissions as the source document and will be conducted in the central office. Notification letters were recently sent to all facilities and those with full audits will be receiving a packet with complete instructions. No data are required at this time from the hospitals being re-coded; there may be contact by the auditor at a later date in the process, should any clarification of the text be necessary. All audits are expected to be completed by June 29, 2011.

> ### Abstracting Tip
>
> *Hispanic Ethnicity vs. Race - Remember that persons of Hispanic ethnicity may be of any race. These fields are independent of each other.*

Software Updates

- CRS+ - After many hours of data editing/cleaning, our data submission for NAACCR was submitted in early November. For the past week our database manager, Saba Yemane, has worked with CDC programmers to convert to NAACCR V12. QA staff will be testing the converted database before we begin accepting uploaded files.
- Abstract Plus – The CDC has encountered some staffing issues so we do not yet have Abstract Plus Version 3. We expect to have the updated program this month and will notify users when it is available.
- Web Plus – Web Plus will be the last product updated by the CDC Registry Plus team. Even if our main database is in V12, we still will not be uploading V12 files right away. We will be testing some ways to work around this and will let hospitals know when we are ready to accept files. We regret the delay, but we understand why the decision was made to update other products before Web Plus. The Registry Plus development team has performed extraordinarily well under difficult circumstances and we appreciate the efforts they have made to update the products in as timely manner as possible.

> ### Abstracting Tip
>
> *Date of First Contact rules in FORDS for 2010 include several scenarios to help you understand how to best code this field.   See pages 5&6 as well as page 103 to assure that you understand the relationship between this date and class of case.*

MCR on Track for Unprecedented Death Clearance Results

Thanks to everyone for helping MCR with this year's death clearance (DC) process. While we still have a bit more work to do, it appears we will have our lowest DC rate ever. A major factor in our success this year was the use of a tracking database created by the Tennessee Central Cancer Registry and customized for MCR by Alena Headd. Using Web Plus for follow-back has also increased hospital responses while lessening the response time. This year for the first time we sent follow-back forms to long-term care facilities and physician offices via PC fax modem, which eliminated the expenses of mailing paper copies. We have also found a better response to faxed requests. While we had a few glitches, none hindered the final results.

TRAINING
New Training Tool
MCR is planning to hold monthly training sessions via Live Meetings in 2011. These will be free, short informational webinars or demonstrations presented by MCR staff that you can listen to and watch from your own desk. We are testing the software now and compiling a list of topics. If you have a specific topic that interests you, please let Deb Smith know. We are here to learn and to help you. Look for a schedule in our next Mini-Update email.

> **Abstracting Tip**
>
> ***Concurrent Primaries*** *entered with sequence numbers 01 and 02 should have both primaries entered in the personal history fields of both abstracts. Please list them in the order diagnosed. See MCR Manual p. 16.*

Fundamentals of Abstracting Course
Fundamentals of Abstracting is a class that MCR offers twice a year for registrars who are just beginning to abstract. In this 1.5 day course, held at MCR offices in Columbia, we review the MCR Abstract Manual and give participants hands-on experience with abstracting a case using Abstract Plus software. We also discuss related tasks: case finding techniques, death clearance in Web Plus, abstracting resources and how to upload cases to MCR using Web Plus. Supervisors of small hospital registries have also attended and found it enlightening to see the range of duties and knowledge needed for their registrar to submit quality data to the state. The next class is being planned for March 2011. Keep it in mind if you add new staff this winter. Watch for e-mails or check the MCR web site for updated information.

Basic Cancer Registry Training
Basic Cancer Registry Training is a two-day course that involves collaboration between MoSTRA and MCR with trainers from both groups presenting a broad overview of topics relative to the cancer registry profession. The presentations include SEER, TNM and collaborative staging systems, ICD-O-3, FORDS, cancer treatments, follow-up methods, statistics, CoC standards and central registry. A few presentations include exercises to be completed by the students. Because it serves as a useful introduction to the cancer registry profession for RHIT students who may eventually supervise or perform registry work, it has been offered in coordination with community colleges in Kansas City and St. Louis areas. This training is, of course, also useful to new hospital registrars who may want to see the bigger picture of registry work. The next session is expected to be held in the spring of 2011.

"Interval Cancers"?
We hadn't heard of this term until recently. While there are varying definitions, the term "interval cancer" is generally used to describe breast cancers arising after a negative screening episode and before the next scheduled screening. Researchers may use this to determine cases that may have been missed "radiographically" on the routine screening mammogram or to determine equipment sensitivity. This is not a new data item for cancer registries to collect, just an interesting detail from the cancer research community.

> **Abstracting Tip**
> ***Spanish/Hispanic Origin*** *is coded 0 Non-Spanish for Brazillian or Portugese persons.*

Nanotechnology and Cancer

Nanotechnology is a fascinating science that has been around for many years and used in numerous everyday ways. Simply put, nanotechnology is an engineering term that involves manipulating materials on an atomic or molecular scale. Eddie Bauer uses embedded nanoparticles to create stain -repellent khakis. Nano materials can be found in sunscreens, golf clubs, tennis balls and rackets and to provide scratch-resistant, rust-proof coating for cars.

Now nanotechnology is being developed to assist with the diagnosis and treatment of cancer. This technology is providing agents and methods to enabler earlier and more accurate diagnosis and treatment monitoring. In addition, there are nano-based cancer drugs already on the market including Doxil and Abraxane with many others in clinical trials. We have been seeing some incredible nanotechnology images lately – ones that you may wish to include in reports. One source is the National Cancer Institute's Nanotechnology Image Library, which makes the images available free of charge upon request. (http://nano.cancer.gov/learn/understanding/library.asp)

It's a Winner!

Congratulations to Nancy Cole! Her bra, "Time for a Mammogram," took second place in the "E" Cup (E for Entertainment) division at the recent Ellis Fischel breast cancer fundraiser. The inspiration and watch parts for Nancy's bra came from one of her close friends who died from lung cancer several years ago. As many of you know, Nancy is a four-year breast cancer survivor.

MoSTRA Website

Congratulations to MoSTRA on the launch of their website! Check it out at:
http://mostra-ctr.org/index.asp

Abstracting Tip

A polyp of the endometrium in which adenocarcinoma arises is coded to C54.1 and histology 8210 (adenocarcinoma in a polyp) according to the 2007 Multiple Primary and Histology Coding Rule H12 in the "Other Sites" section.

QA CORNER

Defensive Abstracting
This newsletter's example of great text is from Mary Ellen Cook. Note how she covers all the parameters that contribute to the derived stage. Kudos to Mary Ellen; we could certainly validate staging codes from this text!

> Text-Stage: Regional Extens. 3.0cm tumor in transverse colon, that had transmural invas into mesenteric fat. Final margs were clear. Zero/ 18 mesenteric LNs. LNs were also clinically neg by CT scans. Bone Scan, CT, MRI neg for mets

New and Improved!
The MCR Abstract Code Manual, 10th Edition is up and open for business on the MCR webpage. Its pages contain a wealth of information covering all requirements for cancer reporting to the state of Missouri. This edition of the MCR manual details new abstracting standards for cases diagnosed 2010 and forward and retains coding instructions for cases diagnosed in preceding years. Coding instructions have been revised for some items and updated examples have been included to improve clarity and readability. Highlights from the MCR 10th edition are listed below. Find the complete manual at http://mcr.umh.edu/downloads/MCRManual2010.pdf .

> **Abstracting Tip**
>
> *Social Security Numbers are easy to record with some digits transposed – please give a second look before you hit enter.*

MCR Abstract Code Manual, 10th Edition features:
- New instructions for entering dates. **9's are no longer used to represent unknown dates**. Any part of a date that is unknown is now left **blank.**
- **Date flags** have been introduced to explain why a date field is blank.
- **Grade Path System** & **Grade Path Value** are new fields used to supplement the Grade/Differentiation field.
- **Rx Summ—Treatment Status** is a new field that records whether or not treatment was given, including "watchful waiting."
- Added flexibility in name fields. Last name can now include apostrophes and spaces in addition to hyphens. First name can now include spaces, allowing two and three word first names.
- More comprehensive instructions for completing text fields. We have received feedback from abstracters that often they don't know what we want them to write in the text fields. The key thing to keep in mind is this: Record the facts that could allow a person to **accurately** and **completely** code the case based **only** on what is contained in the NAACCR the text fields. To accomplish this, text must contain:
    - **Dates** of diagnostic and treatment procedures
    - **Description** of test results that support Collaborative Stage codes
    - **Primary site**, including the specific **subsite** and **laterality** if applicable.
    - **Histology title** in terms that *reflect the specific codes* entered into the Histologic Type and Behavior fields.
    - **Specific** terms that support codes used to record surgery and other treatments
    - Any information that confirms demographic codes (**sex, race**) and case Sequence Number (**personal cancer history**)
    - It's also useful to document unusual information from the case that might otherwise look like mistakes.
- **Class of Case** is now recorded as a 2-digit code and the number of class definitions expanded from 9 codes to 24. Codes for "Analytic" cases range from 00 – 22 and those for "Non-analytic" cases run from 30 – 99. As before, all Analytic cases are reportable. Also as before, MCR requires reporting of certain Non-analytic cases. The MCR manual lists the new codes *along with the MCR reportability status*.

Still confused by the Hematopoietic Cases?
For Hematopoietic cases, it's not too late to build your confidence by reviewing the training modules on the SEER training website: http://seer.cancer.gov/tools/heme/training/ . The modules include tests for CE credits too. It is a 'win-win' situation!

REGISTRY RESOURCES

Treatment Guidelines
The National Comprehensive Cancer Network (NCCN) recently announced that it has begun posting treatment guidelines in a format suitable for patients. They may also provide a more streamlined resource for registrars. To date, guidelines are available for Breast, Non-Small Cell Lung cancer. Check them out at: http://www.nccn.com/patient-guidelines.html

CAnswer Forum replaces I&R
The American College of Surgeons Commission on Cancer (CoC) has rolled out its new interactive virtual bulletin board system. Check it out at: http://web.facs.org/coc/default.htm. There you will also find the archives of the old Inquiry and Response (I&R) system questions and answers. The new system requires an initial log-in registration and features a **help** screen for first-time users. If you are new to social networking and such bulletin board formats, the help topics allow you to explore the capabilities of this format. Once logged in, use the tabs to enter the Forum or Blog pages where you will see various threads and posts to explore. You can also start your own post. Quick or advanced search options are available. Subscriptions can be created as well that email instant, daily or weekly notices of any new posts to the forums and threads you list in your subscription. If you have helpful tips to share as you learn to successfully navigate this site, please send them with Nancy Rold @ roldn@missouri.edu so she can compile them for others.

AJCC e-Staging Tool
AJCC has released a new tool for electronic TNM staging that may be of interest to some hospitals. It is said to be HIPAA compliant and HL7 compatible. Check out the functions at: https://www.ajcce-staging.com/staging/access/demoFwd

Free Posters
The Cancer Staging Posters for Breast, Cervix, Colon, Lung, Melanoma, Pancreas and Prostate are now available to download from the AJCC website at http://www.cancerstaging.org/staging/index.html.

LIVESTRONG Quarterly Magazine
You've probably all heard about Lance Armstrong's LIVESTRONG foundation, however, you may not be aware of the quarterly magazine, which is not just for cancer survivors. A recent issue included articles about Dr. Sanjay Gupta of CNN, nanotechnology, famed American runner Joanie Benoit Samuelson, the new Showtime television series – The Big C – just to name a few. Google it up for free access at: http://digital.olivesoftware.com/Olive/ODE/LIVESTRONGquarterly/. You may also subscribe to receive a print copy.

MCR's Website Provides an Interactive Cancer Data Mapping Tool
Be sure to check out the newest addition to our data section on the MCR website, Instant Atlas. By using this software, MCR staff can create interactive mapping tools to visually display Missouri's cancer data. We provide age-adjusted invasive cancer incidence rates for four time periods, including the most recent complete year (2007), as well as age-adjusted invasive cancer rates over time. Data is displayed in a variety of formats (charts, tables, maps) and allows easy comparison of counties, regions, years, etc. Data are available for female breast, lung and bronchus, cervix, corpus & uterus, colorectal, prostate and all sites combined.

SEER Rx Drug Database Updated
The SEER Rx drug database was updated to version 1.5.0 on 9/27/10 and includes 5 new regimens, 3 drugs recently approved by the FDA, and 26 new drugs. Two *drugs have changed categories: Thalidomide and Lenalidomide have both changed categories from chemotherapy to immunotherapy.* Download your new copy from http://seer.cancer.gov/tools/seerrx/ and sign up there to get future email notices of updates directly from SEER.

Ask a SEER Registrar
The **Ask a SEER Registrar** feature is up and running at http://seer.cancer.gov/registrars/contact.html. It is a place to ask questions regarding the hematopoietic manual and database, the multiple primary and histology rules and the SEER RX drug database. MCR staff submitted a histology question to test it and were pleased to get a succinct answer by email in just 3 days.

LOW VOLUME FACILITY UPDATES
from Angela Martin, BS, CTR

I'm back!!! I have recently returned from twelve weeks off. Now it is back to work! Thank you to everyone for reporting their cases while I was away. I have contacted many of you recently and am aware of various trials and hardships occurring at your facilities, from losing staff to implementing new software to now adding two more hats to the other three you already wear. We could not have quality data if it were not for your dedication in reporting to MCR. Thank you!

As you know we have been reminding facilities that "race" information is a required part of reporting. If your facility does not automatically include this information on the face sheet, please write it on the face sheet and highlight it. If your facility uses race **codes**, please send an explanation so we know how to interpret the codes.

In January, MCR received 284 charts from Low Volume Facilities. Of those 40% (approximately 114 charts) were not reportable and did not have to be sent. For example, basal and squamous cell cancers of the skin are not reportable. In the confirmation emails, I provide detailed information on these as well as other not-reportables to help you decrease the number of non-reportable charts you send. That saves you time and paper which means saving money. Who wouldn't like to save some time and money? When doing your case finding please do not hesitate to contact me if you have a question on the reportability of a case. Also, if there is other information that you would like for me to include in the emails please let me know.

> ### Abstracting Tip
> ***Tissue source*** *- when documenting pathology findings, please state the specific source of the tissue being described e.g., instead of merely stating, "bx pos" write "liver bx pos for mets." Any tissue exam that is the basis for CS coding should be cited by the source of the specimen (primary site, regional nodes, or distant mets) in order to support the codes that were entered.*

In addition, I will now be performing the LVF case finding audits. MCR performs formal audits on all facilities in a five-year cycle. During this process we look at your MRDI to determine if you missed cases that should have been submitted. One of projects we are working on for 2011 are web-based training sessions using Live Meeting. We are hoping to include training sessions on the value of using Web Plus, how to overcome basic case finding problems, as well as facility audits just to name a few. We will let you know as soon as we have the topics scheduled.

Finally, the upcoming year is upon us, as is our reporting schedule. All 2010 cases diagnosed in the ***first quarter were due October 15, 2010***. If you have not started submitting your 2010 cases, please contact me ASAP to discuss your plan for getting caught up. The rest of the year is as follows:

Low Volume Facility Reporting Schedule		
Reporting Period	**Cases Diagnosed**	**Due Date**
Quarterly	Jan/Feb/Mar 2010 Apr/May/June 2010 Jul/Aug/Sept 2010 Oct/Nov/Dec 2010 Jan/Feb/Mar 2011	October 15, 2010 January 15, 2011 April 15, 2011 July 15, 2011 October 15, 2011

2010/2011 Quarterly Calendar

Awareness Months

November – Lung Cancer Awareness

January — Cervical Health Awareness

November

November 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before April 2010

December

December 2
NAACCR Webinar—Collecting Cancer Data
Liver and Biliary Tract—MCR, Columbia MO

December 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before May 2010

January

January 6
NAACCR Webinar—Collecting Cancer Data
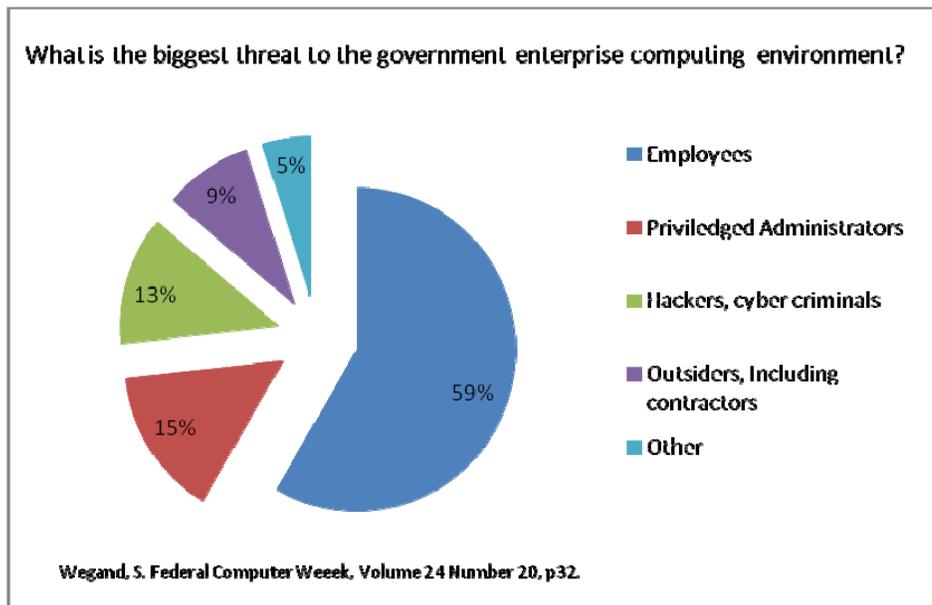**Brain and Central Nervous System—MCR, Columbia MO**

January 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before June 2010

Monthly or Quarterly Hospital Reporting Deadline (300-500)
For cases diagnosed on or before Apr/May/June 2010

Security: What can you do?

Reminders: Don't take yourself out of the equation.

What is the biggest threat to the government enterprise computing environment?

- Employees
- Priviledged Administrators
- Hackers, cyber criminals
- Outsiders, Including contractors
- Other

59%
15%
13%
9%
5%

Wegand, S. Federal Computer Weeek, Volume 24 Number 20, p32.

During the recent MoSTRA meeting, past and present employees of MCR took time out to pose for a picture. From left Brenda Lee, Deb Douglas, Jaci Hood, Nancy Rold, Deb Smith, Rosie Warren, Carlene Anderson, Nancy Cole, Jeanie Shaneberger, Louanne Currence, Angela Martin, Karen Phillips and in front Jeannette Jackson-Thompson and Jian Chang.

After Sue Vest retired, she created this beautiful quilt from the handwritten notes from cancer registry friends and co-workers. Although Sue has been making quilts for a long time she decided this one should be hand-quilted because it was represented so many special friendships. The quilt was displayed at this year's MoSTRA conference.

Happy

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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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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