2006 Implementation Guidelines

Guidelines for implementing NAACCR Version 11 are attached to this email. These changes take effect with cases diagnosed on or after January 1, 2006. There is only one data item that will require conversion: Primary Payer.

One change should be very nice. Hospital Registrars are no longer required to AJCC stage or conduct follow-up on Class of Case '0' cases diagnosed January 1, 2006 and later. Cases diagnosed before 2006 still require AJCC stage and follow-up.

The Multiple Primary/Histology Coding Rules have been delayed until 2007. These rule changes are major and the standard setters decided implementation should be delayed until after the rules had been thoroughly tested. MCR staff are being trained and will be presenting workshops in the Spring of 2007.

Another attachment is the MCR Required Data Items List. This list is based on NPCR and MCR requirements as well as fields that are necessary for QA review. This list looks very long but some data items are derived or system generated. Cases diagnosed on or after January 1, 2006 must be submitted in Version 11. MCR does not have a date for upgrading our central registry system to Version 11. We will keep you informed.

Abstract Plus Users: The CDC is in the process of upgrading Abstract Plus to meet NAACCR Version 11 requirement. They are also making other enhancements that should be very beneficial. Anticipated release date is April. The upgrade will be distributed as soon as it is received.

National Provider Identifier (NPI)

Are you familiar with the National Provider Identifier (NPI) -- another provision in the HIPAA legislation? All providers including facilities and physicians must begin using a new 10-digit number by January 1, 2007. This number will be assigned for a lifetime and will be the only number a physician will use for all health plans, Medicaid, Medicare, etc. As you can imagine, there are quite a few questions about implementing this identifier. Has your hospital discussed what number it will use for physicians? Will your facility continue to use its own internal number or will it use the NPI? Will their decision have any affect on the data in your registry? MCR is also trying to determine how it may impact our central registry database. (Currently our physician field only allows an 8-digit enumerator.) In addition, MCR is participating in similar discussions with other central registries and standard setters such as SEER, NPCR, etc. If you would like to share your facility’s experience with MCR, please call or e-mail Nancy Cole. 866-240-8809 (toll free) or colen@health.missouri.edu.

For more information about the NPI there are several good resources including:

www.cms.hhs.gov/medlearn/npi/nipviewlet.asp

Helpful Websites

The following website offers some good information regarding GIST. http://www.medpagetoday.com/HematologyOncology/OtherCancers/tb/2562

Intraperitoneal (IP) Chemotherapy

Begin watching for intraperitoneal (IP) chemotherapy in your ovarian cancer patients. The NCI recently reported that women who received chemotherapy directly in their abdomens as part of treatment for advanced ovarian cancer lived more than a year longer than women who received the same chemotherapy intravenously. IP chemotherapy is not used regularly in part because of increased toxicity associated with the delivery method. But the new study suggests that while some patients experience complications, most problems are manageable and transient. One year after treatment, both groups reported a similar quality of life. The findings were announced in the findings in the January 5 New England Journal of Medicine (NEJM).

2002 Complex Morphology Coding Document

Many of you have and are continuing to use a document that was distributed by SEER in 2002 titled “Coding Complex Morphologic Diagnoses.” We recently learned that the document has been “officially” retired. The 2007 Multiple Primary and Histology Coding Rules address the various issues and problems with the retired document in an official capacity. Rules replace guidelines and corrections have been made to some incorrect and inconsistent guidelines based on input from the ICD-O-3 editors and other specialty pathologists. In the meantime, please use the SEER Program Code Manual 2004 (pp. 83-88) as the guide to coding complex morphologies. This manual is available online at http://seer.cancer.gov/tools/codingmanuals/ (This information is from SEER through NPCR.)

Changes at MCR

Some of you may have noticed that the same person is calling you with questions about your data. This is because MCR has begun assigning a specific staff member to each hospital. It is felt that the continuity will benefit both MCR and the hospital. The assignments are in the process of being finalized and each facility will be notified regarding their “personal” contact.

Welcome to New Staff Member

Bec Francis has joined the MCR staff as a Senior Cancer Registrar. Most of you know Bec from her 20+ years at Ellis Fischel Cancer Center. She will be working with Deb Smith in the QA Unit. Bec brings a wealth of knowledge regarding hospital registries and computer software as well as the ability to develop and analyze data reports. We are very happy to have Bec join the MCR staff.

NCRA List Serve Information

The following was recently posted by a hospital registrar on the NCRA list serve. We thought it explained the reasoning behind collecting Class of Case ‘3’ cases (other than it is required by the state).

“Yes, we do collect Class 3 cases and for several reasons:

- Our state central registry requires all cases with active disease be reported.
- Entering (an abbreviated abstract) class 3 case into the registry database more accurately reflects the workload involved in casefinding.
- Adding class 3 cases more accurately reflects the use of resources at your facility.
- Non-registry personnel (including supervisors, md’s, administration, and those we think should know) are unfamiliar with the terms analytic/nonanalytic; they are more familiar with the raw numbers, e.g. the radiation oncologists treats 100 breast cases per year and they don’t know why you have only 85 in the registry.
- Just as we do not collect cases just to submit to the State, we do not collect cases just for the ACoS. We do those things, and do them well, but mainly the registry data is for our facility and must reflect the uses our facility deems necessary. If it isn’t relevant to my facility, how can I justify the personnel and expense of maintaining an Oncology Data Management office vs. merely reporting basic data to the central registry as any non-ACoS approved program would?

I’m the last one to make work for myself, but collecting Class 3 data is really a more accurate reflection of the activity at your facility.”
Basic Registry Training Workshop

March 6-7 2006

8:00am to 4:00pm

North Kansas City Hospital
Kansas City, MO

For further information or to register contact:
Missouri Cancer Registry
1-800-392-2829

Sponsored by:
Missouri State Tumor Registrar's Association and the Missouri Cancer Registry

Free workshop!
Pre-Registration required!!

Detailed information will be sent to registrants regarding directions, room locations, etc.
A new Transmittal Form is now available on the MCR website (http://mcr.umh.edu) under Cancer Reporting. It is a Word document that you can download and enter info. We have tried to simplify the form. Hopefully, we will not have to make any additional changes soon. Your patience with our Transmittal Form process is greatly appreciated. Please begin using this form immediately.

Thanks!

Thanks to all who sent updated hospital information. If you haven't sent your information in yet, you may do so by completing the WORD form found on the MCR website.

Congratulations!

Congratulations to 2 new CTRS:
Yvonne Curry of St. Joseph Health Center and Kristen Parlier of Barnes Jewish Hospital.

Website

We appreciate your suggestions/comments/complaints about the website. We do our very best to keep it current and correct, but sometimes we overlook things. We hope you will keeping telling us about problems! We also welcome suggestions about items that we should include on the website. Check with Nancy to get a blurb about the ADA requirements.

Information