

April 2008

MISSOURI Cancer Registry Newsletter

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

News, news and more news...

Sue Vest Elected to NCRA Board

We are pleased to announce that Sue Vest, MCR Project Manager, has been elected to a two-year term on the NCRA board, as the Professional Development Board Director. In this capacity, Sue will be the liaison for the Council on Certification and the Formal Ed Committee. Sue recently served on the Council on Certification so will be able to continue with that relationship.



People News

Louanne Currence has been on the go lately. Earlier this year she was doing training in Singapore and recently at Alabama State Tumor Registrars conference. It's great that Louanne is able to share her wonderful teaching skills.

Deb Smith is working with an NCRA committee that is developing... Deb will be presenting an Advanced MP/H for breast at BiSTRA on April 18th. She assisted Louanne and **Marlena Barmann** at a Basic Cancer Registry workshop in Kansas City on April 14th & 15th.

Be sure to look for **MCR staff** at the NCRA conference. Brenda Lee, Sue Vest, Debi Douglas, Keri Grier and Angela Warner will be attending. MCR will also be presenting a session about central registries. Louanne Currence and Marlena Barmann will also talk about central registries from their perspectives.

MCR will be promoting **skin cancer awareness** and celebrating **National Cancer Registrars' Week** (belatedly) April 24 - 26 by having a booth in the lobby of our building, Lewis and Clark Halls. We'll have the DermaScan machine again, which uses a black light to make sun-damaged skin appear as purple blotches. We'll also be distributing materials from the American Cancer Society.

If you receive the ACCC magazine, Oncology Issues, you might have seen an article that was the result of one of our **projects** with an MU professor, Dr. Yang Gong. The article "A Human-Centered Information System for Central Cancer Registries" is about designing software systems that are convenient for the user. There will also be an article in an upcoming issue of the Journal for Registry Management by Dr. K. Pasupathy about evaluating central registry software.

"Thanks to all of my Missouri friends that voted for me. This is both scary and exciting. I really enjoyed my time on the Council of Certification. When they asked me to run for this position, I thought it would be a good way to continue to contribute toward making education and professional development a priority for NCRA. Please feel free to contact me with 'any' suggestions, concerns or questions regarding NCRA activities." - Sue Vest

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Changes for Low-Volume Hospitals

Since we no longer do actual “circuit-riding” we’ve updated the name of those facilities to “low-volume.” These are the hospitals with less than 75 cancer cases annually that submit paper charts to MCR for abstracting. We’re also making other changes, such as requiring an MRDI with each chart submission. We’ll use these to monitor the quality of case finding at the facilities and occasionally may use them for official audits. We hope to reduce hospital and MCR expenses with more efficient case finding.

MCR is Moving Toward Paperless Hospital Audits

Deb Douglas, our audit coordinator, has already contacted the facilities involved in this year’s audits. In an effort to utilize available technology and eliminate paper documents, Deb is moving toward electronic communication mechanisms. All audit documents are available on the MCR website. Hospitals will be required to submit electronic MRDI’s via Web Plus.

MCR Hospital Surveys Still Available for Responses

We’ve recently made two surveys available to Missouri hospitals. One is a MCR satisfaction survey that will be available on our web site until April 21st. Twenty-four hospitals completed the survey. Considering that we have more than 120 hospitals in Missouri, that either means you all are really happy with us, or you haven’t had time, forgot or some other reason. Please take a minute to complete the survey. Several respondents have given some constructive suggestions that will help us improve the newsletters and mini-updates and possibly develop some new educational programs.

The other survey is for low-volume facilities to obtain input on case finding and related activities. Twelve of 54 have responded to the survey. Once we’ve closed out the surveys, we plan to make the results available.

NPCR Audit of MCR Scheduled for September

We’re still moving toward our September NPCR audits. We’ve submitted data so the nine hospitals can be selected based on number of cases. There will be 3 high, 3 medium and 3 low volume facilities. We’re not sure when we will be notified which hospitals have been selected. Remember, even though the auditors will be reviewing your data, they are actually attempting to determine how well we are doing **our job** of reviewing your data!

Timeliness Reminder

All cases diagnosed through
September 2007 should be
reported to MCR
by **April 15, 2008**

We Need Your Help to Keep Updated Hospital Information

Submitting up-to-date facility information to MCR is very important. This information is not only used for the Hospital Directory but also within our software systems. Problems can occur if hospitals merge and get a new FIN/NPI or if a hospital closes. We need to know whether or not the cases from the 2 facilities should be moved to the new number or left under the old numbers. **PLEASE LET US KNOW IF YOUR HOSPITAL CLOSES OR MERGES.** We will also try to do our part and keep the directory on the website up to date and notify hospitals whenever the directory has been updated.

Sign up to Receive the COC Flash

Go to *CoC Flash* is e-mailed automatically each month to individuals for whom the Commission on Cancer of the American College of Surgeons has an e-mail address. Individuals not currently receiving the newsletter may subscribe to the publication by sending an e-mail containing your name, address, telephone and fax numbers to CoC@facs.org, and asking to be added to our electronic distribution database.

Implementation of NAACCR V11.2

MCR is working with our software vendor to determine the process and timing for moving to V11.2. This version is for cases diagnosed on or after January 1, 2008. We will also be sending our Missouri-specific edits to the hospital software vendors for this upgrade. We will try to make this process easy for everyone.

Mark MCR website as 'Favorite'

That Doggone Text!!!

For those who subscribe to the NCRA listserve, you've noticed a recent thread concerning text fields and their significance. Looks like Missouri is not the only state requiring text. The following comments (edited for space purposes) are in response to a question about text in the lab field (which Missouri does not require). The comments speak for themselves:

In our registry we have a policy to "never leave a text field blank" ...since some of the clinical trials depend on these lab values.....

Our registry does type in text for lab values (tumor markers, abnormal, etc). It is required of us per our state registry. I've been told that the text supports the codes that we chose elsewhere in the abstract and it should paint a picture of patient status. Not to mention it prevents us from having to review the medical record again for lab info.

Although the lab text field isn't required, I do utilize it whenever possible....While one could say argue that it's not required, thus not the best use of time, the text fields for lab, PE, X-rays, etc. all paint a picture of the case and support various elements of the abstract and I use them fairly extensively. When the occasion arises to take a retrospective look at an old case, the notes in the text fields are extremely helpful.

I always put some sort of text in the lab field, even if I just write that no labs were elevated or there were not pertinent findings.

If there are no pertinent tumor markers, I put "---" in the text field to show that I didn't just forget to fill in the field. I do that, the three-dash thing, in any text field that I purposely don't use.



...Unless you text exactly the same in all cases, text cannot be used in statistical analysis. The thought of always putting in text is a throwback to using paper charts, where we waited days (and sometimes weeks) to get a chart to review.... [With] EMR ...it seems to be a waste of time to enter a lot of text when with a click I can see the chart if I'm really having to validate the coding that has been done.... I think we need to be proactive to use the technology available to us and not do something just because that's the way we learned it 10 years ago (or more).

....As a nurse a good rule [is]: "if not documented it did not happen." Document, document, document!!! Use those fields. Good source when NCDB asks questions.

And Finally: I do think it is important to remember that the use of text isn't always just for us (registrars) to see when reviewing coding of an old case. Often, text is utilized at the central-registry level to substantiate certain coded fields and is pivotal in providing information for central registries to merge cases. Remember - not every case that we abstract and submit to the central registry is ONLY submitted by us. There may be multiple facilities submitting the same case to the state and text is often reviewed at that level to ensure proper combining of these submissions. (MCR comment: Just in case you are wondering, we did not pay someone to make this statement!)

QA Corner

*Use the cause of death code 7797 only when you have access to the death certificate and the underlying cause of death is not recorded. Otherwise, 7777 should be used.

*Please code primary site to the more specific subsite when possible. Here are a couple of examples from Missouri cases that demonstrate how coding the subsite makes a significant improvement in data quality:

1. Cranial meningiomas (C70.0) have been coded to meningioma NOS (C70.9) which has a laterality of 0 rather than 1, 2 or 9. Bilateral cranial meningiomas have been incorrectly reported as one primary when the site is coded to C70.9.
2. Testicular primaries are often coded to C62.9, testis, NOS rather than C62.0 (undescended) or C62.1 (descended), thus losing the opportunity to identify malignancies arising from cryptorchism (a developmental defect).

*During a review of uploaded files for potential edit issues, we noticed the following edit for site 75.1 (pituitary gland):

Incorrect regional nodes positive & examined values allowed for certain sites:

Edit Failure: 1—Message: Regional Nodes Positive and Examined must both = 99 for this site/histology—Edit: CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report(CS) - Field(s): Primary Site, Histologic Type ICD-O-3, Behavior Code ICD-O-3, Regional Nodes Examined, Regional Nodes Positive, Type of Reporting Source Value(s):C751, 8272, 0, 00, 98, 1.

When we looked in the FORDS manual, it showed that '00' and '98' were correct codes, however, the CS manual contains the most up-to-date information, which states that '99' (not applicable) is the correct value for both fields when coding this site.

*Text that is entered into the Staging Text Field should include justification for the collaborative stage. Please do not enter the name of the physician that completed the TNM form or that the form is in the chart. This information can be entered in the Remarks field or even in a field that is not submitted to MCR.

*We need documentation of previous primaries. If a patient has a sequence number greater than 00 or 60, the personal history field (year and site) should be completed. The new Missouri-specific edit set will have an edit to verify these fields are completed if the sequence number is greater than 00 or 60. If for some reason, you do not have those fields in your software, please contact Sue. We will ask the vendor to make the changes. In the meantime, you can add this information in one of the NAACCR text fields.

*Be sure to check the SEER training website if you have not updated your hard copy of the MP/H rules. SEER also added a February 2008 addendum for Other Sites, Histology Rule 11. www.seer.cancer.gov

Need Some Quick QA Report Ideas?

Need to run some QA reports on your data? Here are some suggestions based on the edit reports we're seeing in Web Plus. Some of these errors seem like they should not be allowed, but all fields do not have edits. We hope our Missouri-specific edits will eliminate some if not all of these errors.

Compare *Vital Status* to *ICD Revision Number*. For example, if Vital Status is "1" – alive, then the ICD Revision Number should be "0" – patient alive.

For patients with a *Date of Death* greater than January 1, 2000, the *Cause of Death* MUST be coded using ICD-10 codes and the *ICD revision number* MUST be "1."

Compare *Vital Status* to *Place of Death* to *Cause of Death*. If the Vital Status is "1" – alive, the Place of Death must be "997" – patient alive and the Cause of Death must be "0000" – patient alive at last contact.

Compare *Reason no Radiation* to *Rad--Regional Rx Modality*. For example, if Reason no Radiation is "0" - RT administered, then Rad--regional RX Modality cannot be "00" – no radiation treatment.

Compare *Rx Summ Surgery Primary Site* to *Reason no Surgery*. If Reason no Surgery is '0' – surgery performed, then Rx Summ Surgery Primary Site cannot be '00' - none.



MCR Website—Using the Site Map and Site Search

Feedback from our recent surveys has been quite useful. One comment we received was on the (lack of) user-friendliness or ease of navigation of our website; therefore, we'd like to remind users of the Site Map and Site Search options located on the horizontal blue bar at the top of the website, which allow users to find topics of interest quickly and easily.



HOSPITAL REGISTRY WEBINARS

- Sponsored by the American Cancer Society, MCR is presenting a series of **FREE** webinars developed by NAACCR for Missouri hospital registrars.
- Each webinar will address cancer data collection for a specific site and will include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items.
- Exercises with answers and rationale will be presented.
- Participants are able to ask questions; answers will be provided during the session.

Registration is REQUIRED - Seating is limited, so please register early!

May 8, 2008

Data Quality and Data Use

July 10, 2008

Abstracting Upper Gastrointestinal Tract
Cancer Incidence and Treatment Data

September 11, 2008

Abstracting Other Digestive System
Cancer Incidence and Treatment Data



LOCATIONS

Missouri Cancer Registry - Columbia MO (MU campus)

St. Louis University - St. Louis MO

St. Joseph Medical Center - Kansas City MO

Southeast Missouri Hospital - Cape Girardeau MO

To register, or for more information contact Hope Morris

morrisho@health.missouri.edu

or

(573) 882-7775

A Special Thanks to the Hosting Hospitals!

2008 Quarterly Calendar

Awareness Months

April

April 15
Monthly/Quarterly Hospital Reporting Deadline (300-500)
For cases diagnosed in Jul/Aug/Sept 2007

Monthly Hospital Reporting Deadline (>500)
For cases diagnosed in September 2007

April 28 - May 1
NCRA Annual Meeting—Minneapolis, MN

April - Cancer Control

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

**June 1 - National Cancer
Survivors**

May

May 8
Hospital Registry Webinar—Data Quality and Data Use

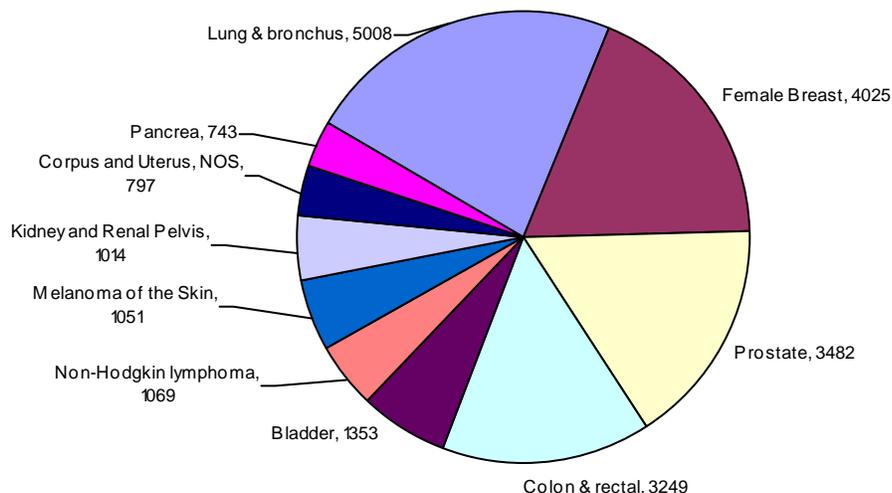
May 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed in October 2007

June

June 7-14
NAACCR Annual Meeting—Denver, CO

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

Top 10 leading types of new invasive cancer in Missouri, 2005



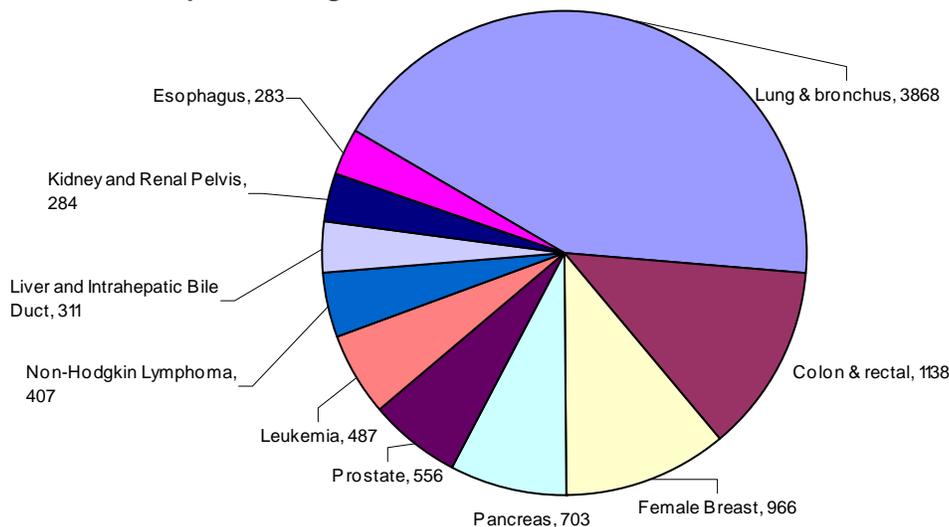
From MCR 1996-2005 Database

Cases included had SEER Behavior Recode for Analysis equal to malignant (see <http://seer.cancer.gov/behavrecode/>, 1973-2004 Data Definition).

Site groupings based on SEER Site Recode ICD-O-3 (1/27/2003) Definition with separate groupings for Kaposi Sarcoma and Mesothelioma (see http://seer.cancer.gov/siterecode/icdo3_d01272003/).

Rates are per 100,000 and age-adjusted in 19 age groups to the 2000 U.S. standard population (Census P25-1130).

Top 10 leading causes of cancer death in Missouri, 2005*



* Excluding the Miscellaneous category (926 deaths)

Contact Us

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