

MCR MINI-UPDATE JANUARY 2017

Fellow registrars,

I hope that the holidays are enjoyable and restorative for you and that you will be ready to start the New Year with resolve. I would like to take this time to say what a blessing it is to work with so many great folks at MCR. Our staff is both hard-working and fun. Everything that MCR produces and achieves is due to their dedication and teamwork. It is their review of this newsletter each month that keeps the quality high. As an MCR team, we also appreciate our great relationship with you – our cancer registry reporters!

DUE DATES

Large hospitals (>500 cases/yr.) are to finish June 2016 cases by January 15 and smaller facilities (<300 cases /yr.) are due to report held cases from the 2nd Quarter of 2016 by January 15, 2017. MCR is not yet ready to accept v16 cases. The timing is not in our control, but I am hopeful that our database conversion will be completed by early January. Blast emails will be sent to inform users when the conversion process is scheduled and upon its completion so facilities can prepare their data files for uploading to Web Plus. If you are still abstracting in v15, please plan to upload cases to us by Friday December 30. After Web Plus is in v16, we will need your registry to be in v16 for all subsequent submissions.

EDUCATION

NAACCR Webinars

Attention: This month the NAACCR Webinar is on the second Thursday instead of the first Thursday of the month.

Live: **January 12**, 2017, 8-11 a.m., AJCC Staging. To attend the live broadcast in Columbia, sign up here: <http://www.signupgenius.com/go/30e0e49a4a82caafa7-naacccr12>

Live: February 2, 2017, 8-11 a.m., Collecting Cancer Data: Colon. To attend the live broadcast in Columbia, sign up here: <http://www.signupgenius.com/go/30e0e49a4a82caafa7-naacccr13>

NAACCR Recordings: Earn 3 CEs by viewing recorded webinars. Check out our Education and Training page to find out how you can receive access to the recorded NAACCR Webinars.

<http://mcr.umh.edu/mcr-education.php>

GoToMeeting

Upcoming: February 8, 2017, 10-11 a.m., Bladder Surgery Codes & MPH Rules. Sign up here: <http://www.signupgenius.com/go/30e0e49a4a82caafa7-gotomeeting0208>

GoToMeeting Recordings: Previous GoToMeeting presentations are posted to the MCR website as recordings. <http://mcr.umh.edu/mcr-education.php>

Fundamentals of Abstracting Workshop

Fundamentals of Abstracting Workshop is a day and a half-long course held in Columbia, MO at the offices of the Missouri Cancer Registry and Research Center. This is a free class and which is geared toward new abstractors who are not familiar with the abstracting process. The MCR Abstract Code Manual is reviewed in detail. Students also get hands-on experience working through cases using the manual. For those not familiar with the nuances of abstracting Missouri cases, this workshop is a great place to learn, practice and get your questions answered.

Date & Time: Monday 03/27/2017, 1-5 pm & Tuesday 03/28/2017, 8 am - 4 pm

Location: Missouri Cancer Registry and Research Center - Columbia MO (Clark Hall, MU campus) Room 426

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Sign up by clicking on the following link: <http://www.signupgenius.com/go/30e0e49a4a82caafa7-fundamentals2>

MCR Help-Line

Reach us at 1-800-392-2829 during regular office hours, or leave a message; a member of our QA team will return your call within one business day.

Visitor Parking Changes (Turner Avenue Garage) for NAACCR Webinars and Fundamentals of Abstracting Class

All parking meters will be removed from Turner Avenue Garage over winter break. Once the meters are removed, only those with a valid Turner Ave Garage visitor permission pass will be allowed to park there. A visitor pass costs \$4 a day. Violators are subject to ticketing and towing. Visitor parking permits are available at Parking and Transportation Services, which is located on Level 2 of the Turner Avenue parking garage. Hours are 7:30 a.m. to 5 p.m. Monday through Friday. You can also purchase a visitor pass online at <https://mu.nupark.com/portal/Account/Login?ReturnUrl=%2fportal%2f>.

Additional metered parking nearby Clark hall fills up fast when school is in session. However, you can see if any spots are available at the following location: Garage WG10 located on 5th street and Conley Ave. To see a parking map go to: <http://map.missouri.edu/>. Click on parking information, then find a parking lot or enter the parking garage name.

MCR NEWS

Continued Delays

We did not upgrade our Web Plus as scheduled last week because our conversion was delayed by the vendor AGAIN, this time until the first week of January. I can't tell you just how frustrating it is for us at MCR not to be able to receive and review your cases. Stay tuned for blast email announcements of our progress in early January!

MU Campus Closing

We just learned that MCR offices will need to close all next week as part of an MU campus closure. We will be back in our offices January 3rd. We will try to monitor the 800# daily should you have an urgent need to reach us. Otherwise we'd be glad to talk or email with you on Jan. 3, 2017.

2017 Record Layout and Edits

Good news! NAACCR has announced that we will use the v16 layout for two years and only make changes to it for 2018 reporting. This should mean no need for our usual software conversions in 2017 which should give the software vendors and standard setters an opportunity to get on track with a more timely release of products for 2018. Because of this decision to stick with v16 in 2017, there will be need to update the v16 edit metafile to accommodate 2017 diagnosed cases. An edit file called v16d is expected to be released nationally in January or February 2017. MCR will get that metafile customized for Missouri and to software vendors promptly after it is released nationally.

ABSTRACTING TIPS

Guiding Principles for TNM Fields

Because the AJCC TNM and group stage fields are relatively new to many Missouri abstractors, I am attaching some MCR notes that we compiled for our own use as we QA these fields. We trust that you

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will find them to be a useful supplement to the official and established training materials promoted by the standard setters. We are very grateful for the knowledge and insights we have gained from educator colleagues via MoSTRA and NAACCR presentations and discussions.

Edit Issue – per NAACCR

If you are not able to clear the following Edit (TNM T3, Carcinoma of Skin (CoC)) on a Melanoma primary, it is because there is an error in the logic so the edit includes melanomas (chapter 31) when it should not. The edit has been corrected and will be included in the v16d release in late January or early February. Hold such cases until the corrected edit can be run.

STANDARD-SETTER NEWS

NCRA

Registry Resources List from NCRA

The Fall 2016 Journal of Registry Management p. 42-45 has a helpful table of current manuals and resources that registrars may need to perform their jobs. Use it to set up your workstation and online bookmarks. Find it at: <http://www.ncra-usa.org/files/journal/JRM%20-%20Fall%202016/FLASH/index.html>. This resource has been updated with additional entries since its original publication in 2015.

From CDC

500 Cities: Local Data for Better Health

The 500 Cities project is a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. The purpose of the 500 Cities project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States. These small area estimates allow cities and local health departments to better understand the burden and geographic distribution of health-related variables in their jurisdictions, and help them plan public health interventions. Data will be available in a web application in early 2017. Missouri Cities include: Kansas City, St. Louis, Springfield, Independence, Columbia, Lee's Summit, O'Fallon and St. Joseph. <https://www.cdc.gov/500cities/about.html>

REGISTRY TO RESEARCH

Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-years for 32 Cancer Groups, 1990 to 2015

A Systematic Analysis for the Global Burden of Disease Study (using global registry data)

<http://jamanetwork.com/journals/jamaoncology/fullarticle/2588797>

The Global Burden of Women's Cancers: A Grand Challenge in Global Health (using global registry data)

<http://www.sciencedirect.com/science/article/pii/S0140673616313927>

Chemotherapeutic Intensity and Survival Differences in Young Patients with Diffuse Large B-cell Lymphoma: A Swedish Lymphoma Registry Study

<http://onlinelibrary.wiley.com/doi/10.1111/bjh.14399/abstract>

Adjuvant Radiation Improves Survival in Older Women with Estrogen Receptor-Negative Breast Cancer (SEER data)

<http://www.sciencedirect.com/science/article/pii/S1526820916301720>

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Triple-negative Breast Cancer has Worse Overall Survival and Cause-specific Survival than Non-triple-negative Breast Cancer (SEER data)

<http://link.springer.com/article/10.1007%2Fs10549-016-4059-6>

Survival Implications of Time to Surgical Treatment of Endometrial Cancers (NCDB data)

[http://www.ajog.org/article/S0002-9378\(16\)32165-2/pdf](http://www.ajog.org/article/S0002-9378(16)32165-2/pdf)

Analysis of Trends in US Melanoma Incidence and Mortality (SEER/NPCR data)

<http://jamanetwork.com/journals/jamadermatology/fullarticle/2593033>

Contralateral Prophylactic Mastectomy Decisions in a Population-Based Sample of Patients with Early-Stage Breast Cancer (SEER data)

<http://jamanetwork.com/journals/jamasurgery/fullarticle/2593807>

RESOURCES AND ITEMS OF INTEREST

Surgeon General: Know the Risks: E-cigarette Use among Youth and Young Adults

<https://e-cigarettes.surgeongeneral.gov/>

Consumption of Combustible and Smokeless Tobacco — United States, 2000–2015

https://www.cdc.gov/mmwr/volumes/65/wr/mm6548a1.htm?s_cid=mm6548a1_e

Many Americans Don't Know what's in Tobacco Smoke

http://www.upi.com/Health_News/2016/12/07/Many-Americans-dont-know-whats-in-tobacco-smoke/5571481132450/

U of A Studies Cancer in Firefighters

http://divhealth.net/article/1840/?utm_campaign=NEWS1612%20Diverse%20Health%20DEC08-FINAL&utm_medium=email&utm_source=Eloqua

MU Researchers Use Bacteria to Treat Cancer

<https://coas.missouri.edu/news/researchers-use-bacteria-treat-cancer>

Tracking-down One of Cancer's Deadliest Culprits, The RAS Family of Genes

<http://www.newsweek.com/2016/12/16/researchers-cracking-cancer-gene-ras-528043.html>

Four of Six Patients with Recurrent Atypical and Anaplastic Meningioma Achieve Stable Disease with Optune

http://www.practiceupdate.com/c/46747/32/1/?elsca1=emc_conf_SNO2016Post-2&elsca2=email&elsca3=practiceupdate_onc&elsca4=2016112_SNO2016Post-2&elsca5=conference&rid=NTU2MjE4MTE1NjYS1&lid=10332481

Tumor Thickness and Mitotic Rate Predict Survival in Patients with Primary Vulvar Melanoma

<http://clincancerres.aacrjournals.org/content/clincanres/early/2016/11/18/1078-0432.CCR-16-2126.full.pdf#pdfjs.action=download>

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Optimal Therapy Based on Primary Tumor Location in Patients With mCRC

<http://www.sciencedirect.com/science/article/pii/S095980491632490X>

Individualized Vaccination of AML Patients in Remission is Associated with Induction of Anti-leukemia Immunity and Prolonged Remissions

<http://stm.sciencemag.org/content/8/368/368ra171>

High Frequency and Poor Outcome of Philadelphia Chromosome–Like Acute Lymphoblastic Leukemia in Adults

<http://ascopubs.org/doi/pdf/10.1200/JCO.2016.69.0073>

This Handheld Breast Scan Is Revolutionizing How Indians Detect Cancer

<http://www.forbes.com/sites/suparnagoswami/2016/12/12/this-handheld-breast-scan-is-revolutionizing-how-indians-detect-cancer/#420224e23374>

Genomic Sequencing of Treatment-Resistant Metastatic Breast Cancer Reveals Clinically Relevant Genetic Alterations

http://www.practiceupdate.com/c/47376/32/1/?elsca1=emc_conf_SABCS2016Post-3&elsca2=email&elsca3=practiceupdate onc&elsca4=2016115_SABCS2016Post-3&elsca5=conference&rid=NTU2MjE4MTE1NjYS1&lid=10332481

Economic Burden of Chronic Lymphocytic Leukemia in the Era of Oral Targeted Therapies in the United States

<http://ascopubs.org/doi/full/10.1200/JCO.2016.68.2856>

A Rare Breed: Inherited Melanoma

<http://www.curetoday.com/publications/cure/2016/melanoma-2016-2/a-rare-breed-inherited-melanoma?p=1>

CRC in Patients under 50 Often Caused by Genetic Mutations

<http://jamanetwork.com/journals/jamaoncology/fullarticle/2593042>

Padeliporfin Vascular-targeted Photodynamic Therapy Versus Active Surveillance in Men with Low-risk Prostate Cancer (CLIN1001 PCM301): An Open-label, Phase 3, Randomized Controlled Trial

[http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(16\)30661-1/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(16)30661-1/fulltext)

Ovarian Cancer Drug Given Fast-Track Approval

https://consumer.healthday.com/cancer-information-5/ovarian-cancer-news-104/ovarian-cancer-drug-given-fast-track-approval-717979.html?utm_source=newsletter&utm_medium=email&utm_campaign=20161222&utm_term=717979

New Test Could Detect Ovarian Cancer Patients Who are Strongly Responding to Treatment

<https://www.sciencedaily.com/releases/2016/12/161220141012.htm>

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Thanks for all you do! Together, let's make 2017 a great year!

Nancy H. Rold, CTR

Operations Manager

Missouri Cancer Registry and Research Center

Some General Guiding Principles for TNM fields - an MCR Quick Reference using our notes from various sources

If...	...Then
If case has met the classification rules for <u>clinical</u> staging	then the cT and cN can be numbers or "x" (not blank) and the cM can be 0 or 1
If case has NOT met the classification rules for <u>clinical</u> staging (such as an incidental finding of cancer without clinical workup)	then the cT, cN, cM must be blank and group stage 99
If case has met the classification rules for <u>pathologic</u> staging	then the pT and pN can be numbers or "x" (no nodes pathologically assessed) and the pM can be 1 (IF biopsy of mets site positive) or cM0 or cM1 to finish the group stage
If case has NOT met the classification rules for <u>pathologic</u> staging	then the pT, pN, pM must be blank and group stage 99
The "T is the driver" -- <u>if you have a T number</u>	then you must have something in the N field (number or "X")
If case meets the chapter's highest "T" category via biopsy of another organ	then you might be able to describe pT4. (But without pathologic LN exam, you may get pT4 pNx, group stage 99).
If case is Unknown Primary T0, but described as a probable primary by the treating physician (Example probable melanoma OR probable lung)	then pN may be used for assigning pathologic nodes with path proof of involvement
If no resection, but the HIGHEST T and N can be confirmed microscopically	then pT/pN may be assigned
The "T is the driver" -- <u>if you leave the T blank</u>	then N and M must be blank
If pT and pN are blank	then you cannot use a cM value for the pathologic M data item. Use pM blank and path stage 99
If case has a positive biopsy of a metastatic site	then you can always use a pM value in the pM data item
If pM1 applies	then clinical and pathologic group stage may be IV regardless of "c" or "p" status of T and N
pM0 is not used because even an autopsy does not sample all possible tissue	
If behavior is 2 - in situ	then use pTis for clinical staging (it cannot be dx'd by imaging alone), cN0 (LNs are not usually resected), cM0. Same for pathologic stage. EXCEPTION: Bladder with TURB only - clinical fields: pTis cN0 cM0 Stage 0is and pathologic fields: pT blank pN blank pM blank stage 99 (Note: this is for 2016 cases)