MCR MINI-UPDATE: MARCH 2015

Fellow Registrars,
We had some excitement here this week! A reporter with Kansas City Public Television, who is working on a locally produced program on the history of cancer in our region, visited MCR-ARC this week to interview Director Jeannette Jackson-Thompson. His program will serve as a local preview to a new Ken Burns national documentary, “Cancer: The Emperor of All Maladies,” which will air on PBS stations in three parts on March 30 through April 1. More details about the documentary and the interview will be coming your way in a separate email.

DUE DATES
Large hospitals (>500 cases/yr.) are to report August 2014 cases by March 15 and smaller facilities (<300 cases /yr.) report the 3rd Quarter of 2014 by April 15.

EDUCATION
NAACCR Webinars – Get 3 CEs By Viewing Recorded Webinars. Request Access Now! Check out our Education and Training page to find out how you can receive access to the recorded NAACCR Webinars.

March 5, 2015 – Abstracting and Coding Boot Camp Cancer Case Scenarios

GoToMeeting - There are only 25 lines available so it will be a first come first serve on the day of the meeting. Angela recommends that if there are several of you from one facility that want to participate in a meeting that you call in together. Registrants will receive a link to the live presentation. For those of you not familiar with GoToMeeting, you can listen via your computers speakers and ask questions via a mic or the chat within GoToMeeting. If you have to call in to listen via phone, you will be charged a long distance call. If you have questions about GoToMeeting, please email Angela martinac@health.missouri.edu

March 11, 2015 – SEER Summary Stage: Prostate presented by Angela Martin

To register for any of our educational opportunities, call 1-866-240-8809 or contact Shari Ackerman at ackermans@health.missouri.edu.

Fundamentals of Abstracting Workshop – This day and a half workshop will focus on the MCR Abstract Code Manual and will give you an opportunity to abstract.

SAVE THE DATE – April 2-3, 2015 at the Missouri Cancer Registry and Research Center

CancerCare: Connect Education workshop - These workshops are free – no phone charges apply. You can listen to leading experts in oncology provide the most up-to-date information on the telephone or via live streaming. Please feel free to forward to your colleagues or anyone affected by cancer.
These workshops will be taking place from 1:30pm to 2:30pm EST:
March 3, 2015 – MaUpdate on Triple Negative Breast Cancer
March 6, 2015 – Medical Update on Acute Myelogenous Leukemia
March 10, 2015 – Advances in the Treatment of Lung Cancer
March 13, 2015 – Understanding Clinical Trials: What’s New
March 18, 2015 – Living with Chronic Myelogenous Leukemia
March 25, 2015 – Advances in the Treatment of Colorectal Cancer

For more information and to register, visit the CancerCare Website or call 1-800-813-HOPE (4673).

**MCR NEWS**

**Timeliness and Completion**
Because of the staffing shifts here last fall, I was not able to send out timeliness and completion letters for 2013 case reporting. We are back on track now and I will be sending that info along with the report on your mid-2014 caseload reporting in early March.

**Reportability Reminder**
State law requires that hospitals report all cases of particular cancers that are diagnosed or treated at their facilities. Chapter 2 of the MCR Abstract Code Manual gives specific instructions on reportability. Also, the section on Class of Case (pp. 28-30) delineates reportability in specific situations for both analytic and non-analytic cases. Use it to help you determine if a case is to be sent to MCR. For instance, Class of Case 00 will apply when Hospital A only diagnoses a case and knows that the patient goes to Hospital B for all treatment (class of case 22 for Hospital B). This cancer is to be reported to MCR by both hospitals. MCR staff will combine the best information from both cases into one consolidated incidence record in our database. If you are still not sure whether a case is reportable, please call us at 1-800-392-2829. We are glad to help. [http://mcr.umh.edu/downloads/MCRARC_2014_Manual.pdf](http://mcr.umh.edu/downloads/MCRARC_2014_Manual.pdf)

**Change of Information (COI) Reminder**
Most of the COI forms that we receive involve completion information for first course of treatment. For the majority of those, the start of the last treatment modality was well before our annual reporting deadline of July 15. Abstracts for such cases should have been held at the hospital registry until the start of the last treatment modality was known. MCR does not require end dates or dosages. Submit cases with expected first course treatment that has not begun by the annual reporting deadline and update us later with a COI form. No COI form is needed for subsequent courses of treatment or when you only change your accession number or class of case. Corrections to fields involving key patient identifiers (Name, DOB, SSN) are important and should be submitted periodically on a COI form. Multiple patients can be reported on one form. Upload the COI form to Web Plus. Do not email patient information.
Death Clearance
Death Clearance activities for reporting year 2013 are underway. Hospital participation in the followback process is expected to begin in mid to late spring. Stay tuned for further details in the coming months.

MCR Data
In the coming year, we’d like to add more data to our Instant Atlas feature on the MCR website or to other data displays there. Please let me know what data reports would be particularly helpful to you and we will add your suggestions to the list of potential improvements.

Data Collection Answers from the CoC, NPCR, SEER Technical Workgroup
We were reminded recently that there is a repository of abstracting issues that have been addressed by this joint workgroup at http://seer.cancer.gov/registrars/data-collection.html. Of note, under Description of Neoplasm #15, directive is given to code C14.8 for an SCCA diagnosed from a lymph node and deemed to be an unspecified head and neck site. They cite a note in ICD-O-3 which indicates that C14.8 should be used when a code between C00 and C14.2 cannot be assigned. Older I&R and SEER responses directing that such cases be coded to C76.0 were deemed incorrect by this panel and revised or removed.

Using Web Plus DQI Reports for Quality Improvement Options
When you submit cases to MCR, Web Plus creates a Date Quality Indicator report. This is a report created by NPCR for your benefit to show the distribution of missing or unknown values. If you find it of interest and note that any are particularly high, you could consider improvements to your data collection processes. If you want to make a quality improvement measure out if it, you could run a similar query/gather report on your next extract for MCR and identify cases to fix before submitting them. You could even use the DQI report stats to track your improvement.

ABSTRACTING TIPS
CORRECTION: SEER has clarified SINQ 20130023 to state that: “Spinal cord intradural schwannomas originate in spinal nerve roots. Spinal nerve root is best classified as spinal cord, C720.” The MCR abstracting tip published last month had indicated C70.1 as the site. We stand corrected. Please update any notes you had made in this regard.

Tips for abstracting lung primaries:
- When entering CS Tumor Size, do not code the size of a hilar mass unless the primary is stated to be in the hilum. See Note 1 on CS Tumor Size page for the schema.
- CS Extension for Pulmonary Artery/Vein involvement is coded 700 only when there is direct extension of the primary tumor into the extrapulmonary portion of the vessels. Involvement that is confined within lung tissue is not coded 700. See Note 5 on the CS Extension page for the schema.
- Primary site surgery code 33 applies only when mediastinal lymph node dissection is done as well as a lobectomy. Text documentation for this code should specifically cite the mediastinal node dissection, e.g. Surgery Text = “RU lobectomy w/medias nodes” or “RU lobectomy w/ N2 nodes” and/or Path Text = “2/10 N2 nodes pos” or “2/2 R4 pos; R5-R7 – 8/10 nodes free.” Lobectomy with node dissection, NOS is coded 30.
Encasement of vessels:
Per CS Ambiguous Terminology rules in the CS General Rules, Part 1, Section 1, for most sites description of tumor encasement of a vessel does not indicate vessel involvement without further supporting information that the tumor extends to, invades or infiltrates. Some schemas, however, do interpret certain words as involvement, such as ‘encasing’ the carotid artery for a head and neck site; in those cases, the terminology in the schema takes priority and would be a factor in the CS assignment (see Note above the ambiguous terminology list.)

Personal Hx/Year:
- The primary site and year of the current tumor that is being abstracted and reported is never to be entered into the personal history and year fields. Those data items are reserved for any OTHER reportable tumors the patient is known to have that were diagnosed prior to the one being reported, diagnosed synchronous to the one being reported or, if known, diagnosed subsequent to the one being reported. See the MCR Abstract Code Manual for detailed instructions.
- It is helpful to include a statement of the history of non-reportable skin cancers in supporting text when it explains the reason an older accession number is present with no previous cancer recorded in Personal History fields.

Meningiomas:
‘Sphenoid wing meningioma’ is considered an intraosseous meningioma of the sphenoid bone and ‘sphenoid meningioma’ is considered a meningioma of the sphenoid sinus. Neither of them are reportable tumors at this time. SEER INQ 20130025

Current Grade Rule for Prostate
Grade codes for prostate have changed for cases diagnosed 2014 or later. Gleason Score 5 and 6 now convert to grade code 1 and Gleason Score 7 now converts to grade code 2. See tables in FORDS and MCR manuals.

STANDARD-SETTER NEWS
Hematopoietic Stand-alone Database
Per SEER: “The Hematopoietic Stand-alone database has now been updated and posted on the SEER website (2/4/15). New features have now been installed:
We have added the ability to update the data in the stand-alone version of the Heme database in a more automated fashion. Here’s how it works: each time the user’s computer has an internet connection, it will automatically check to see if there is new Hematopoietic data, and download it when there is new data. For those who use the stand-alone version, you will now get newly published data automatically when you connect to the internet.”
https://seer.cancer.gov/tools/heme/download

RPOH
Per NPCR: “A new version of Registry Plus Online Help (RPOH) has been released by CDC’s Division of Cancer Prevention and Control. RPOH is part of the Registry Plus software suite for cancer registries. This new version is available at www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm. RPOH is an integrated, user-friendly help system for cancer registrars and others who work with cancer data. Developed in support of CDC’s National Program of Cancer Registries (NPCR), RPOH facilitates the abstraction of cancer cases by centralizing standard abstracting and coding manuals required by cancer
registry standard setters into one accessible, easy-to-use resource. The manuals within RPOH are cross-referenced, indexed, and context-linked, making the information readily available to the user, so RPOH can eliminate the need to refer to printed manuals. The following manuals are included in this release:

- NAACCR Data Standards and Data Dictionary for record layout version 14
- Online help for the NAACCR Edits Metafile V14A
- FORDS (Facility Oncology Registry Data Standards) 2013
- Collaborative Stage Data Collection System [CS]: User Documentation and Coding Instructions, Version 02.05 (including both Parts I and II)
- SEER Program Coding and Staging Manual 2014
- ICD-O-3, Introductory Material and Morphology Numerical Lists
- Multiple Primary and Histology Coding Rules (updated through 8/24/12)

NCRA Education Plans for 2015
NCRA Education Plans for 2015 are summarized in this article.

Brain Tumor and CNS Tumors Diagnosed in the US 2007-2011
From NAACCR: “The Central Brain Tumor Registry of the United States (CBTRUS) announces the publication by Oxford University Press of its latest report, CBTRUS’ Alex’s Lemonade Stand Foundation Infant & Childhood Primary Brain Tumor and Central Nervous System Tumors Diagnosed in the United States in 2007-2011. The Report is a Supplement to the Society for Neuro-Oncology official journal, Neuro-Oncology, and is currently available online at www.cbtrus.org through a Free to View web link by clicking on Reports and Tables. A limited number of printed booklets may be requested by contacting cbtrus@aol.com.

REGISTRY TO RESEARCH
Predicting cancer incidence to 2020 (SEER data)
http://onlinelibrary.wiley.com/doi/10.1002/cncr.29258/abstract;jsessionid=D23214209FDB99B7DD1DC09A04F3DEA6.f04t02

Variation in hospital treatment for metastatic colorectal cancer (NCDB data)
http://onlinelibrary.wiley.com/doi/10.1002/cncr.29253/abstract;jsessionid=B3FDFA77E9F13135025F4B3F9E293050.f03t01

Hormone-receptor status and survival in bilateral breast cancer (SEER data)

RESOURCES
Understanding targeted fusion biopsies of the prostate
http://directorsblog.nih.gov/2015/02/03/prostate-cancer-designing-a-smarter-high-tech-biopsy/?sf36071848=1

New drug being tested for hormone-resistant prostate cancer
Ibrutinib approved for Waldenstrom’s macroglobulinemia

Data scarce on risk modifiers for second primary cancers
http://www.practiceupdate.com/c/21225/2/1/?elsca1=emc_enews_daily-digest&elsca2=email&elsca3=practiceupdate_onc&elsca4=oncology&elsca5=newsletter&rid=NTU2MjE4MTE1NjYS1&lid=10332481

Smoking and mortality – beyond established causes

Molecule found that may feed aggressive thyroid and other cancers

Stage trumps biology in small triple-negative breast cancers

Palbociclib approved for metastatic breast cancer

International study characterizes male breast cancer
http://www.practiceupdate.com/c/20487/2/1/?elsca1=emc_enews_daily-digest&elsca2=email&elsca3=practiceupdate_onc&elsca4=oncology&elsca5=newsletter&rid=NTU2MjE4MTE1NjYS1&lid=10332481

Will genomic analysis replace search for unknown primary site?
http://www.practiceupdate.com/c/22108/2/1/?elsca1=emc_enews_daily-digest&elsca2=email&elsca3=practiceupdate_onc&elsca4=oncology&elsca5=newsletter&rid=NTU2MjE4MTE1NjYS1&lid=10332481

Genetic link for pancreatic cancer?
http://www.medicalnewstoday.com/articles/289765.php

Looking forward to spring,

Nancy H. Rold, CTR
Operations Manager
Missouri Cancer Registry and Research Center