MCR MINI-UPDATE
JUNE 2018

Fellow Registrars,
We recently received a personal email from Vicki Benard, Chief of the CDC Cancer Surveillance Branch commending us on the "Registry to Research & Surveillance" feature that we include in these monthly updates. She also cited our method of publicizing the connection of registry data to cancer control in her presentation at the NCRA annual meeting in New Orleans. It is so nice to have our innovations recognized. I would like to take this opportunity to again spotlight the collaborative effort that goes into producing these monthly updates. Jennifer gathers all of the educational announcements, Bec is an excellent proof-reader and Deb, Kirsten and Babette join them to regularly contribute abstracting tips and produce the Show-Me Tip sheets. Shari formats the tip sheets and keeps our distribution list up to date as new registrars come on board and as email addresses change. My heartfelt thanks to them for making this publication so accurate and useful to you!

DUE DATES

Large hospitals (>500 cases/yr.) are to report November 2017 cases by June 15 and smaller facilities (<300 cases /yr.) report the 4th Quarter of 2017 by July 15. **Please hold all cases diagnosed in 2018** until both your software and Web Plus are available in v18 layout.

EDUCATION

NAACCR Webinars
Live: June 07, 2018, 8-11 a.m., Collecting Cancer Data: Thyroid and Adrenal Gland. To attend the live broadcast in Columbia, sign up here: https://www.signupgenius.com/go/30e0e49a4a82caafa7-naaccr29

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

Grade Data Items and Radiation Data Items Webinar
A recording of the 2018 New Grade Coding Rules and New Radiation Coding Rules Webinar is now available at https://www.naaccr.org/2018-implementation/#Education

MCR Webinars
Live: August 08, 2018, 10-11 a.m., "Grade 2018 Breast" Sign up here.
https://www.signupgenius.com/go/30e0e49a4a82caafa7-grade

Recordings: Previous MCR 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 at the offices of the Missouri Cancer Registry and Research Center in Columbia, MO. This class is geared toward new abstractors who are not familiar with the abstracting process and is free of charge. Students use Abstract Plus to work through cases using the MCR-ARC Abstract Code Manual. For those not familiar with abstracting and the MCR-ARC required fields, this is a great place to start. The next workshop is scheduled for Thursday August 16 from 1 p.m.-5 p.m. and Friday August 17 from 8 a.m. - 4 p.m. To register:
https://www.signupgenius.com/go/30e0e49a4a82caafa7-fundamentals5

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Save the date for AJCC 8th Edition Cancer Staging Webinar for Registrars
The American Joint Committee on Cancer (AJCC) will be conducting a number of webinars on the AJCC Cancer Staging Manual, Eighth Edition in 2018. The webinars are scheduled as follows:

July 25, 2018 – Head and Neck Staging; and **Sept. 6, 2018 - Breast Staging**. All webinars will be held from 1:00 to 2:00 pm CDT. Earn one "Category A" for each webinar. Attendance documentation is the responsibility of the attendee. AJCC will ONLY provide confirmation to NCRA for CE audits. Make sure to mark your calendars. Recordings will be posted to the AJCC website after the live webinars. Visit the AJCC website for updates, additional information and registration links: https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx

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.

MCR NEWS

New edit to help you hold 2018 cases
As I have been mentioning in past updates, 2018 diagnosis case abstracts may be started in your current v16 software, but must be held and finished after your upgrade to v18 this summer. You may be able to limit your registry software's gather/extract instructions for submission accordingly. In order to prevent upload of 2018 cases into Web Plus before we are ready to accept them, Registry Plus provided state registries with the logic for an edit to be run in Web Plus that will soon flag/reject files that contain 2018 diagnosis cases. If you get the error message below upon upload to WP, just delete 2018 cases from your submission file and re-submit it.

Edit: Date of Diagnosis, NAACCR Record Version
Error: Submission of 2018 abstracts using NAACCR Record Version 16 is not permitted

MCR has a YouTube channel!
Our staff have created a YouTube presentation on **Coding Benign CNS Tumors**. It is just 10 minutes long and reviews anatomy, primary site, sequence numbering, laterality, multiple primary and staging rules including changes for 2018. Please take a look and give us your feedback on this new teaching tool. https://youtu.be/PSKdIYTUd8c. If you like this format or have ideas for other issues that can be addressed as short topics and presented in this manner, send your feedback and suggestions to Jennifer Sedovic at sedovicj@health.missouri.edu.

Find/Follow us on Facebook
Thanks to the attention of Shari Ackerman, Missouri Cancer Registry and Research Center now has a presence on Facebook. In May we shared several posts from CDC on skin cancers. https://www.facebook.com/MCRARC/.

Show Me Tips for June – Coding Grade in 2018
The attached Show Me Tips sheet will help you to navigate the new grade coding systems for 2018. It is a great tool to complement both the latest NAACCR webinar and the upcoming MCR Zoom webinar on Breast 2018 Grade mentioned above.

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Ovarian Study
90% of the needed case forms for this study have been received. Thanks to all who submitted! If you have additional case forms to complete, please get them is as soon as possible, as the study submission period ends soon.

ABSTRACTING TIPS

Positive lymph node with occult head and neck tumors
For 2018 we must shift from our past use of C148 and begin using C760 with 2018 cases.

1) Rule for cases diagnosed prior to 2018 – use C148. Here is the rationale:
Code C148 is assigned for squamous cell carcinoma diagnosed from lymph node and deemed to be a head and neck primary but specific site could not be identified. Code C148 is based on a note in ICD-O-3 indicating it should be used when a code between C000 and C142 cannot be assigned. Assign C148 based on the note in ICD-O-3. C148 is a more specific site code than C760. Source: https://seer.cancer.gov/registrars/data-collection.html

2) Rule for cases diagnosed 2018 and later - use C760. Here is the rationale for the new rule:
In AJCC 8th edition, a new chapter was introduced for situations when there are positive cervical nodes (head and neck nodes), however, the primary tumor is not known (occult tumor) and the primary tumor is presumed to be from the head and neck region (primary sites C00-C14, C30-32). This chapter does NOT apply to those cases where the primary site is known or suspected. To develop a software algorithm that can be used to send the registrar to the right chapter/schema, a schema discriminator was developed. To get to this schema discriminator, ***the registrar will assign C760 (head and neck, NOS)*** when there is a presumed head and neck tumor yet the primary site is not known. The schema discriminator will then be brought up in your software to differentiate cases to be staged by AJCC Chapter 6 vs 9 or 10.
Source: page 39-40 of the SSDI Manual https://www.naaccr.org/SSDI/SSDI-Manual.pdf?v=1525362439

Intramucosal adenocarinoma in colon polyps
Although intramucosal adenocarcinomas arising in colon polyps is included with the AJCC definition for Tis in both the 7th and 8th editions, the ICDO behavior code for this diagnosis is 3, malignant. Intramucosal extension indicates invasion into the mucosa or lamina propria. AJCC includes intramucosal carcinomas arising in colon polyps with noninvasive tumors for the Tis category because neither are associated with risk for metastasis. So, code histology as invasive but assign AJCC Tis when abstracting these cases.

MORE TIPS BROUGHT BACK FROM NCRA PRESENTATIONS

In Situ Tumor with Mets
If a pathology report indicates in situ tumor AND evidence of positive lymph nodes or distant metastases, code the regional nodes/distant metastases. Behavior must be 3.
Note: Unknown stage will be derived (per AJCC 8th edition)
Note: SEER Summary Stage 2018 will be staged according to the lymph node or distant metastasis
Presentation source: Updates to Summary Stage and EOD

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Exceptions for use of cN0 in pathological N categories
Here is a list of all AJCC 8th edition chapter exceptions where cN0 is used in the pathological N categories:
– 38 Bone
– 40 Soft Tissue Sarcoma of Head and Neck
– 41 Soft Tissue Sarcoma of Trunk and Extremities
– 42 Soft Tissue Sarcoma of Abdomen and Thoracic
– 43 Gastrointestinal Stromal Tumor
– 44 Soft Tissue Sarcoma of Retroperitoneum
– 53 Corpus Uteri Carcinoma and Carcinosarcoma
– 54 Corpus Uteri Sarcoma
– 67 Uveal Melanoma
– 68 Retinoblastoma

Limited exception where cN0 is used in the pN category
– 47 Melanoma: pT1a
Presentation source: AJCC 8th edition staging rules in depth review

Update: Hematopoietic and Lymphoid Neoplasms Database and Rules

- Code 5: Clarification
    - Diagnosis of cancer based on:
        - Laboratory tests OR
        - Tumor marker studies OR
        - Genetics or immunophenotyping AND
        - NO histologic confirmation
- Multiple Primary Rules
    - No change in number of M rules OR the purpose of the rules
    - Exceptions to some rules have been added
    - Very important for you to familiarize yourself with these exceptions
- Rule M2: Exception added
    - Exception added for MALT lymphomas (9699/3)
        - Abstract multiple primaries when a nodal MALT (C770-C779) occurs BEFORE or AFTER an extranodal MALT (all other sites)
- Rule M10: Chronic/Acute Rule
    - M10: Abstract as multiple primaries when a neoplasm is originally diagnosed as a chronic neoplasm and there is a second diagnosis of an acute neoplasm more than 21 days after the chronic diagnosis.
        - Exception: For plasmacytoma (9731, 9734) and plasma cell myeloma (9732): This rule would only apply if the initial workup was completed and a single plasmacytoma was diagnosed. If plasma cell myeloma is diagnosed after the initial workup and treatment, then this rule would be applicable and the multiple myeloma would be a second primary
- Rule M11 and M13
    - An exception has been added regarding plasmacytomas and plasma cell myeloma.

        - Exception for plasmacytoma (9731, 9734) and plasma cell myeloma (9732): This rule does not apply. The presence of the plasmacytomas and a diagnosis of plasma cell myeloma diagnosed at the same time (simultaneously) or during the initial workup, is evidence of advanced disease. Abstract one primary, plasma cell myeloma, 9732/3.
- Rule M15: Using the Multiple Primaries Calculator
    - ONLY use the multiple primaries calculator when the rules instruct you to
    - Misuse of the multiple primaries calculator may give you the wrong number of primaries.

Updates on SEER Summary Stage 2018

- Only use ambiguous terminology when no further documentation is available
- Assign Summary Stage based on TNM if that is the ***only*** information available
- Some SS2018 Chapters require a schema discriminator. Schema discriminators function much like CS SSF 25 did and are left blank when not needed. A search of the SS2018 manual reveals that a discriminator is needed for the following sites:

CERVICAL LYMPH NODES AND UNKNOWN PRIMARY TUMORS OF HEAD AND NECK
NASOPHARYNX
OROPHARYNX
ESOPHAGUS
STOMACH
LYMPHOMA
HEMERETICULAR
ILL-DEFINED OTHER

STANDARD SETTER AND NATIONAL NEWS

CDC/NPCR

Clarification regarding interpretation of the CDC/NPCR 2018 Required Fields List should be available soon. This will allow MCR to publish its required fields list which will be sent to you in a blast email as quickly as possible.

NCI/SEER

Finalized Solid Tumor Site Rules are scheduled to be posted by mid-June.

The Hematopoietic and Lymphoid Neoplasm Database was released May 1, 2018.

A draft of the SEER Program Manual has been released. It will be finalized after publication of the STORE manual.

Annual Report to the Nation on the Status of Cancer

NCI/SEER announced the publication of the most recent *Annual Report to the Nation on the Status of Cancer* (ARN), a collaborative effort with the National Cancer Institute (lead), American Cancer Society, Centers for Disease Control and Prevention, and North American Association of Central Cancer Registries. Along with an overview of the latest cancer incidence and mortality rates and trends, Part II of this report also highlights recent changes in prostate cancer trends and disease characteristics. The microsite for the report includes shareable information such as infographics and suggested tweets.

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NAACCR
The first 2018 edit metafile is being tested and should be released to vendors in June.
2018 Implementation Guide should be finalized in early June.

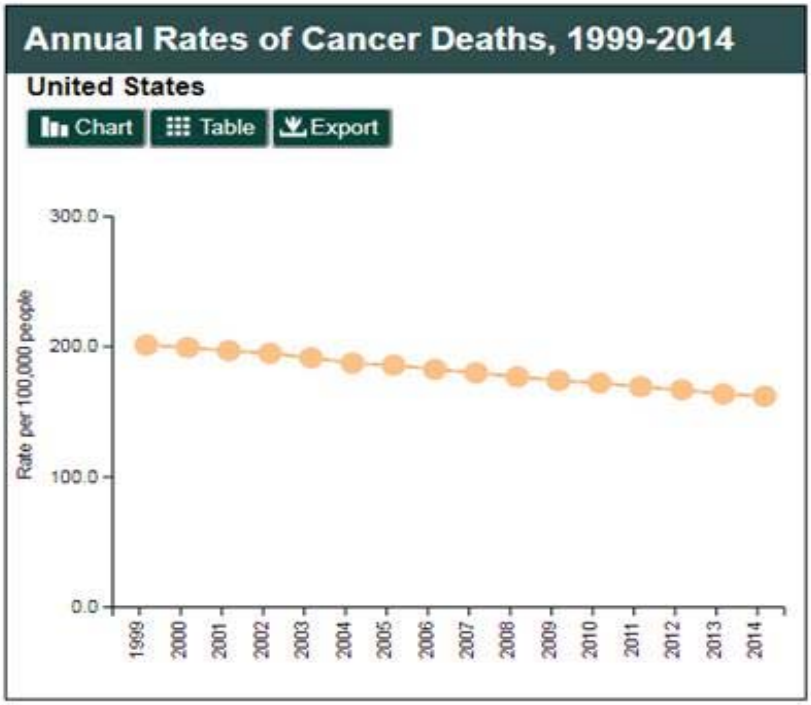
CoC
The STORE Manual is expected to be released in June. It will replace the FORDS manual beginning with cases diagnosed in 2018.

AJCC
A 25 percent discount is offered through Springer through Sept 30 on the AJCC Cancer Staging Manual 8th Edition, corrected 3rd printing in 2018.
https://cancerstaging.org/About/news/Documents/AJCC%203rd%20Reprint%20Discount%20Flyer.pdf

ACS
A new American Cancer Society guideline recommends that adults at average risk for colorectal cancer start regular screening at age 45. The guideline was changed, based in part, on new data showing rates of colorectal cancer are increasing in younger populations. As a result, the American Cancer Society updated the guideline to save more lives by finding colorectal cancer early, when treatment is more likely to be successful and by detecting and removing polyps, which contributes to the prevention of colorectal cancer. Details about the new guideline and additional resources can be found on www.cancer.org/coloncancer

REGISTRY TO RESEARCH & SURVEILLANCE (publications using cancer registry data!)

In honor of Cancer Survivor's Month, here is a chart from the CDC Data Visualizations website.



Practice Patterns and Outcomes for Patients with Node-Negative HR-Positive Breast Cancer (NCDB data)
https://breast-cancer-research.biomedcentral.com/articles/10.1186/s13058-018-0957-3

Association of Circulating Tumor Cell Status with Benefit of Radiotherapy and Survival in Early-Stage Breast Cancer (NCDB data)
https://jamanetwork.com/journals/jamaoncology/fullarticle/2679564

Cumulative Risk Distribution for Interval Invasive Second Breast Cancers after Negative Surveillance Mammography (SEER data)
http://ascopubs.org/doi/full/10.1200/JCO.2017.76.8267

The role of primary lymph node sites in survival and mortality prediction in Hodgkin lymphoma: a SEER population-based retrospective study
https://onlinelibrary.wiley.com/doi/abs/10.1002/cam4.1280

Association of Adjuvant Chemotherapy with Overall Survival in Rectal Cancer and pCR Following Neoadjuvant Chemotherapy and Resection (NCDB data)
https://jamanetwork.com/journals/jamaoncology/fullarticle/2678467

Clinical Upstaging of NSCLC Seen with Each Progressive Week (NCDB data)
http://aats.org/aatsimis/AATS/Meetings/Active_Meetings/98th_Annual_Meeting/Preliminary_Program/Abstracts/67.aspx

Prognostic Value of Neoadjuvant Treatment Response in Locally Advanced Esophageal Adenocarcinoma (NCDB data)
http://aats.org/aatsimis/AATS/Meetings/Active_Meetings/98th_Annual_Meeting/Preliminary_Program/Abstracts/114.aspx

Mutual Risks of Cutaneous Melanoma and Specific Lymphoid Neoplasms: Second Cancer Occurrence and Survival (SEER data)
https://academic.oup.com/jnci/advance-article/doi/10.1093/jnci/djy052/4963737

Higher Lung Cancer Incidence in Young Women Than Young Men in the United States (NAACCR data)
https://www.nejm.org/doi/full/10.1056/NEJMoa1715907

Association Between Intensity of Posttreatment Surveillance Testing and Detection of Recurrence in Patients With Colorectal Cancer (NCDB data/COC special study)
https://jamanetwork.com/journals/jama/fullarticle/2681746

The Care and Outcomes of Older Persons with Lung Cancer in England and the United States, 2008-2012 (SEER data)
https://www.sciencedirect.com/science/article/pii/S1556086418305501?via%3Dihub

Capture of tobacco use among population-based registries: Findings from 10 National Program of Cancer Registries states (CDC special study)
https://onlinelibrary.wiley.com/doi/full/10.1002/cncr.31326

Role of clinical trials in survival progress of American adolescents and young adults with cancer—and lack thereof (SEER data)
https://onlinelibrary.wiley.com/doi/full/10.1002/pbc.27074

RESOURCES AND NEWS OF INTEREST

Association of Nodal Metastasis and Mortality with Vermilion vs Cutaneous Lip Location in Cutaneous Squamous Cell Carcinoma of the Lip
https://jamanetwork.com/journals/jamadermatology/fullarticle/2679050

Lung cancer screening rates: Data from the lung cancer screening registry
http://abstracts.asco.org/214/AbstView_214_221571.html

Fasting Blood Glucose Levels Provide Estimate of Duration and Progression of Pancreatic Cancer before Diagnosis
https://www.sciencedirect.com/science/article/pii/S0016508518304864?via%3Dihub

Cytoskeleton-Associated Protein 4 Is a Novel Serodiagnostic Marker for Lung Cancer
https://ajp.amjpathol.org/article/S0002-9440(17)30976-8/fulltext

Staging Breast Cancer by SLN Biopsy: Do Patients with a Single Negative Sentinel Node Have Worse Outcomes Than Those With Multiple Negative Sentinel Nodes?
https://www.sciencedirect.com/science/article/pii/S096074041830063X

Concordance of Non–Low-Risk Disease among Pairs of Brothers with Prostate Cancer
http://ascopubs.org/doi/full/10.1200/JCO.2017.76.6907

Immune Profiling of Premalignant Lesions in Patients with Lynch Syndrome
https://jamanetwork.com/journals/jamaoncology/fullarticle/2679035

Surveillance imaging with FDG-PET/CT in the post-operative follow-up of stage 3 melanoma
https://academic.oup.com/annonc/advance-article/doi/10.1093/annonc/mdy124/4969230

FDA approves new uses for two drugs administered together for the treatment of BRAF-positive anaplastic thyroid cancer
https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm606686.htm

Support for College Students with Cancer
https://www.affordablecollegesonline.org/college-resource-center/students-with-cancer/

You've been given a terrible diagnosis. Here's how to assess your survival odds.
https://www.washingtonpost.com/national/health-science/youve-been-given-a-terrible-diagnosis-heres-how-assess-your-survival-odds/2018/04/20/f46f14be-3699-11e8-8fd2-49fe3c675a89_story.html?noredirect=on&utm_term=.2a185af756a8

Smell receptor fuels prostate cancer progression
https://www.sciencedaily.com/releases/2018/05/180529185354.htm

Research finds 'Achilles heel' for aggressive prostate cancer
https://www.sciencedaily.com/releases/2018/05/180502153400.htm

High-throughput sequencing of the T cell receptor β gene identifies aggressive early-stage mycosis fungoides
http://stm.sciencemag.org/content/10/440/eaar5894

Impact of sociodemographic characteristics on underemployment in a longitudinal, nationally representative study of cancer survivors: Evidence for the importance of gender and marital status
https://www.tandfonline.com/doi/full/10.1080/07347332.2018.1440274?scroll=top&needAccess=true

There is meaning in the work we do together!

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

June 2018

Missouri Cancer Registry and Research Center
Show-Me-Tips

Coding...Abstracting...Education…

Ed 8:02

GRADE 2018

Beginning with cases diagnosed in 2018

Grade Tables

How do you chose the correct grade table?

Registrar Codes:

- Primary site
- Histology/behavior
- Schema discriminator (if needed)

→ **Schema ID is Derived**

Software selects applicable grade table for coding

- Grade table notes will be included

Grade – General Coding Instructions

What's the Same?	What's Different?
Basic core coding concepts unchanged: • Code grade from the primary tumor-not metastatic site • If more than one grade available from same time period code the higher • If grade for an in-situ tumor, code it • Do NOT code grade for dysplasia or high grade dysplasia • If both in-situ and invasive components, code grade of invasive component	• 2018 Grade items apply only when diagnosis date is 2018+ • Priority goes to the recommended AJCC grade listed in the applicable AJCC chapter • If none of the specified grades documented are from the recommended AJCC grade system, record the highest [documented] grade • If there is no recommended AJCC grade [for that site], code the highest [documented] grade • **Grade for hematopoetic and lymphoid neoplasms NO LONGER COLLECTED**

See complete coding instructions in the 2018 Grade manual

Clinical Grade - Coding Guidelines – See individual site-specific Grade tables for additional notes

Note 1: Clinical grade is recorded for cases where a histological (microscopic) exam is done and tissue is available and grade is recorded. This includes FNA, biopsy, needle core biopsy, etc.

Note 2: Clinical grade must not be blank.

Note 3: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 4: Code 9 (unknown) when

-Grade is not documented

-Clinical staging is not applicable (for example, cancer is an incidental finding)

-Grade checked "not applicable" on CAP Protocol

-If there is only one grade available and it cannot be determined if it is clinical or pathological, assign it as clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade

This project was supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-01) and a Surveillance Contract between DHSS and the University of Missouri.

GRADE 2018 continued

Pathological Grade - Coding Guidelines – See individual site-specific Grade tables for additional notes

Note 1: Pathological grade is recorded for cases where a surgical resection has been done.
Note 2: Pathological grade must not be blank.
Note 3: Assign the highest grade from the primary tumor. **If the clinical grade is the highest grade, use the grade that was identified during the clinical time frame for both.**
Note 4: Code 9 (unknown) when
- Grade is not documented
- No resection of the primary site
- Neoadjuvant therapy followed by a resection (see post-therapy grade)
- Clinical case only (see clinical grade)
- There is only one grade available and it cannot be determined if it is clinical or pathological
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade available

Post-Therapy Grade – Coding Guidelines – See site-specific Grade tables for additional notes

Note 1: Leave post-therapy grade blank when:
- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy.

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.
Note 3: Code 9 (unknown) when
- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented.
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available.

Grade Table – Breast

Code	Grade Definition
1	G1: Low combined histologic grade (favorable), SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score 6-7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (Intermediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

Priority Codes for invasive

Used when tumor is only in situ

Used when a more specific grade was not determined and path report used *these terms* for grade

GRADE 2018 continued

Template Used to Create Grade Tables

Code	Grade Description
1	Site-Specific grade system category
2	Site-Specific grade system category
3	Site-Specific grade system category
4	Site-Specific grade system category
5	Site-Specific grade system category
L	Low grade
H	High Grade
M	Site-Specific grade system category
S	Site-Specific grade system category
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
Blank	(Post-therapy only)

Recommended AJCC Grade

Urothelial histologies

Generic terms for Grade

Source: May 1st & 2nd 2018 Webinar-New Grade Coding Rules. It's a Good Thing! Presented by Donna M. Hansen, CTR and Grade Manual https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1525810461