MCR MINI-UPDATE
SEPTEMBER 2017

Fellow Registrars,
I am just back from a trip to Atlanta to attend kick-off meetings related to the new CDC 5-year cooperative agreements. I learned a lot about CDC and NPCR initiatives and brought home an important to-do list. You'll see some of the information I gathered below and I will have more details to share in my presentation at the Bi-State Cancer Registrars meeting in October.

DATES

Large hospitals (>500 cases/yr.) are to report February 2017 cases by September 15 and smaller facilities (<300 cases /yr.) report the 1st Quarter of 2017 by October 15. Please submit 2017 cases in a separate file from abstracts with earlier diagnosis years. I am working on your 2016 reporting completeness and timeliness reports and expect to have them to you soon.

EDUCATION

NAACCR Webinars
Live: September 7, 2017, 8-11 a.m., **Coding Pitfalls**. To attend the live broadcast in Columbia, sign up here. http://www.signupgenius.com/go/30e0e49a4a82caafa7-naaccr20

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

MCR GoToMeeting Webinar
Upcoming: September 13, 2017, 10-11 a.m., **Seventh Ed. Staging 2017 Explaining Blanks Vs. X and Support for AJCC Staging.** Presented by Kirsten McDowell. Sign up here:
http://www.SignUpGenius.com/go/30E0E49A4A82CAAFA7-seventh

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

New! Free AJCC Recorded Webinars – 7th edition
NPCR and AJCC teamed up to provide a central registry education coordinators with a series of educational site-specific webinars on AJCC staging: **prostate, breast, lung, melanoma and colon/rectum**. Recordings and slides from those five webinars are now available to you at no cost. Details and links are provided on this AJCC website:
http://cancerstaging.org/CSE/Registrar/Pages/Seventh-Edition-Webinars.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.

Show Me Tips
Introducing Show Me Tips - Coding, Abstracting and Education. Show Me Tips is a new MCR-compiled feature meant to give you helpful site-specific information in a succinct format. The first document

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"September 2017-Types of Breast Reconstruction Procedures, Breast Radiation Treatment Codes and Histology" is attached to this email for your reference. If you have a site or topic that you would like to see addressed in future tip sheets, please let Jennifer Sedovic know: sedovicj@health.missouri.edu.

Basic Registry Training Workshop

Basic Registry Training Workshop: A two-day course which presents an overview of staging formats, different types of treatment (surgery radiation & chemo), central registry background, ACoS requirements, case finding, follow-up, statistics, etc. and provides a general overview of what a cancer registry is. The audience includes RHIT students as well as new registrars. The next Basics class will be held November 6 & 7 at St. Charles Community College, St. Peters, MO. To register: http://www.signupgenius.com/go/30e0e49a4a82caafa7-basics110617

Bi-State Cancer Registrars Meeting
Registrars: The Gems of Cancer Data
October 25 through October 27, 2017
Argosy Casino, Hotel & Spa, Riverside, Missouri
Hosted by: Kansas and Missouri Registrars Associations
NCRA Approved Credits – 14 pending NCRA Approval
http://mostra-ctr.org/AnnualMeeting/tabid/94/Default.aspx

MCR NEWS

Ovarian Study

As you have read in many of the articles I have linked to this and past monthly updates, identifying and understanding cancer care disparities is an important topic for public health initiatives. MCR-ARC is excited to have been chosen by CDC to participate (along with Iowa and Kansas) in a CDC patterns of care study for ovarian cancer in the Midwest. Ovarian cancer is the fifth leading cause of cancer death among American women. With no effective screening tool, treatment is the only way to reduce mortality. The most recent advances in ovarian cancer treatment involve care by a gynecologic oncologist and delivery of chemotherapy intraperitoneally. Gynecologic oncologists practice primarily in urban areas with fewer of these specialists in the rural Midwest. Over the next few months we will be starting to collect additional information on randomly selected existing 2011-2012 cases. If a case submitted from your hospital is selected for this study, we will be asking you to provide additional details on surgery and chemotherapy including whether a gynecologic oncologist was involved. Four states (NY, CA, SC, GA) from other regions have already participated in similar projects. The hope is that socio-geographic differences in patterns of care and outcomes can be better understood, then used to increase outreach and care coordination to mitigate these disparities in affected communities.

Death Clearance

The Death Clearance project for reporting year 2015 is still in process but the deadline for MCR's annual data submission is approaching. A special thanks to all you registrars who responded and completed your data resolution so promptly. If you have not yet completed the data resolution for your hospital, please do so no later than September 15th.

2016 Reporting Timeliness and Completeness Letters

I am in the process of compiling data for the annual letters that summarize the cases received and expected. Remember that the tabulated results reflect your compliance on the due date of July 15, 2017. We appreciate that some of you will also have sent straggler cases since then or may be holding a few cases for more complete treatment information. At least we haven't had software conversion issues causing delays this summer! Primary goals for the letters are to congratulate those who are in compliance and to identify potentially missed files if we have significantly fewer cases than you show as having been exported. When your facility census is lower than in past years, you can also celebrate that your actual percent compliance is even higher than our estimate shows.

If you are significantly behind, you probably already know it. We give you a chance to explain extenuating circumstances and to present your plan to get caught up. We hope that instead of feeling discouraged, you can see our measurement of your progress as a stepping stone toward improvement and as a tool to help you advocate for greater time allocation (particularly if you have multiple other duties within your facility). If your registry has fallen further behind this year, we are also glad to have one of management team support you by discussing with your administrators the importance of registry data and reinforcing your need to be provided with adequate resources.

Abstracting Tip

Unknown Treatment vs. No Treatment

In abstracting first course treatment, it is important to differentiate between "treatment not given" and "unknown if treatment was given" scenarios by entering the correct codes and text specific to the situation. Too often, registrars default to abstracting treatments as not having been done or recommended when there is no information available to know whether or not the coding is accurate. Following this practice can adversely skew outcome statistics so that it appears that facility has poor compliance with providing established standards of care.

When you have no information regarding whether or not first course treatment was recommended or given, code the appropriate treatment fields as "unknown" and state this in the treatment text fields. Don't assume that the patient refused treatment because he didn't return to the facility or because extensive disease was found. Code these scenarios as unknown if treatment was given.

Code treatments as "not done" or "not recommended" only when you know for certain that was the case. Cite the source of the information in the text, including the date the decision for no treatment was made and the reason for no treatment, e.g. patient refused, usual treatment was contraindicated due to patient risk factors, patient died before planned treatment could begin.

STANDARD SETTER AND NATIONAL NEWS

Center for Disease Control and Prevention (CDC)

Release of NPCR and SEER Incidence – USCS Public Use Databases

The CDC Cancer Surveillance Branch announced the release of the NPCR and SEER Incidence – United States Cancer Statistics public use databases. This is the first time combined data from the CDC's NPCR and NCI's SEER Program have been made available in this format. The databases include 2001-2014 cancer incidence and population data from all 50 states, the District of Columbia, and Puerto Rico, providing rich source of information for researchers on cancer in the U.S. population. Please help spread the word to your contacts and the research community about the availability of the free, publicly

available data for their scientific inquiries and program and policy evaluations. Instructions on how to access the databases through SEER*Stat and supporting documentation, including data dictionaries and analysis checklists, are available at: https://www.cdc.gov/cancer/public-use.

CDC Resources

Cancer Registries: Measuring progress. Targeting Action.

This is a great CDC/NPCR video about the importance of registries, also posted on the MCR home page. How can you use it to promote our profession? https://www.youtube.com/watch?v=oasCxJP3sNw

USCS Data Visualization Website

CDC is very excited to provide this tool so that the public can have access to and better understand the importance of cancer statistics. Your cancer program may find this a useful tool when compiling facts to publish during the various "cancer awareness months." See my example graphics for prostate cancer below. This site is interactive and you can create many different visualizations of the data. You may enjoy playing with the possibilities. https://www.cdc.gov/media/dpk/cancer/cancer-data-visualization/index.html

Rural Health Series

Here you will find public health research publications related to rural communities. A variety of topics are listed, including cancer. https://www.cdc.gov/mmwr/rural_health_series.html

Bring Your Brave Campaign

Educational resources and personal stories regarding breast cancer in young women under age 45 are available and also highlighted in videos, infographics and social media posts.
https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/about.htm

QuickStats: Percentage of Adults Who Ever Used an E-cigarette and Percentage Who Currently Use E-cigarettes, by Age Group — National Health Interview Survey, United States, 2016.
https://www.cdc.gov/mmwr/volumes/66/wr/mm6633a6.htm?s_cid=mm6633a6_e

CDC – Cancer Twitter feed https://twitter.com/CDC_Cancer

CDC Facebook pages https://www.cdc.gov/socialmedia/tools/Facebook.html

NAACCR 2018 Implementation

NAACCR has posted a webpage to communicate changes that will be implemented by various standard setters in 2018: https://www.naaccr.org/2018-implementation/#Guidelines. Please check it regularly as I expect there will be frequent updates. I will also summarize the changes in a presentation at the Bi-State meeting in October and in future monthly updates.

National Cancer Registrars Association (NCRA)

Free webinar

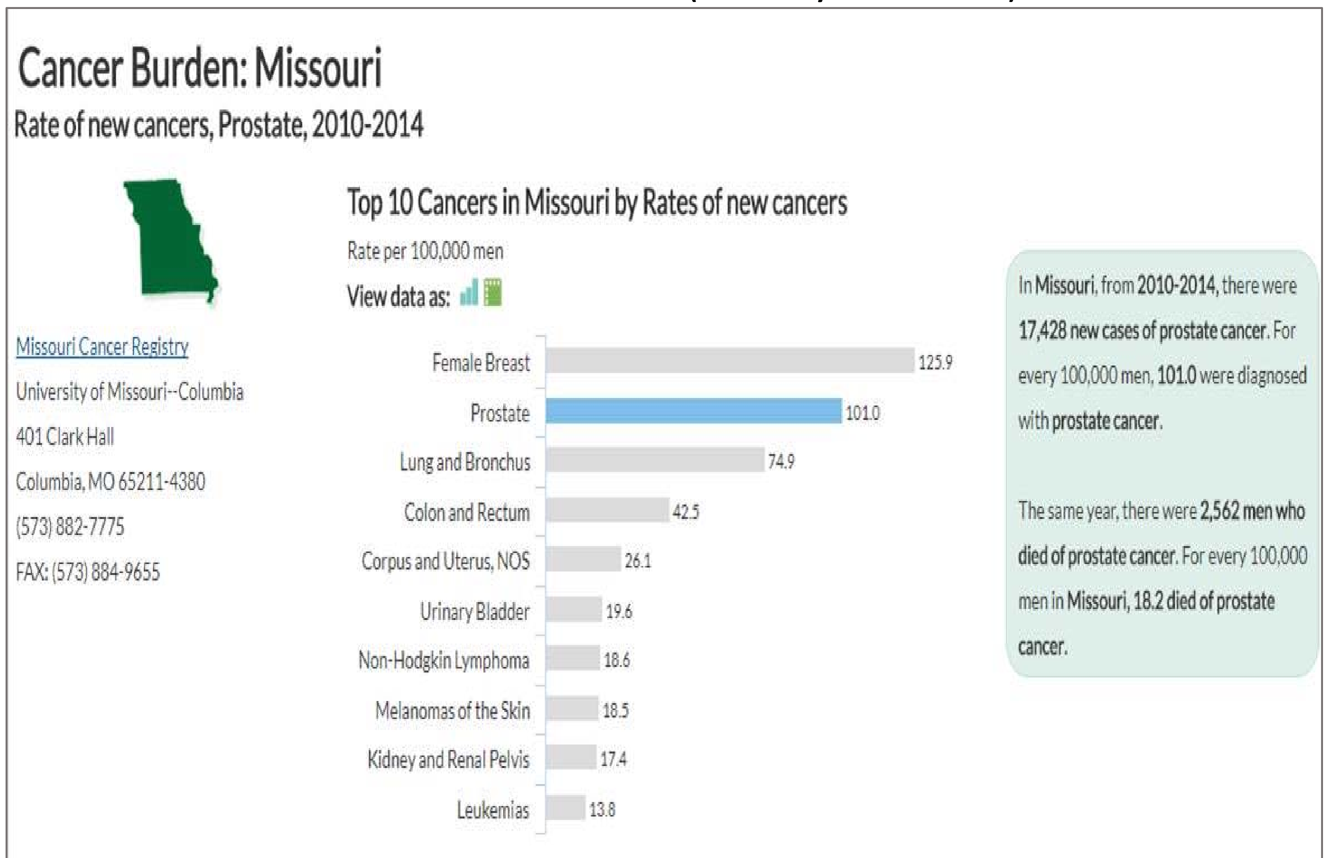
Genentech is presenting a complimentary webinar entitled "Biomarker Testing in Advanced Non-Small Cell Lung Cancer" on Wednesday, September 20, 2017, at 2 PM ET. Lisa Pachino, Biomarker Testing Specialist, Genentech, will highlight recommendations from the ASCO-endorsed joint guidelines as they apply to biomarkers that affect clinical practice in non-small cell lung cancer cases. Cancer registrars will learn about the role of biomarker testing in advanced NSCLC, review recommendations for biomarker

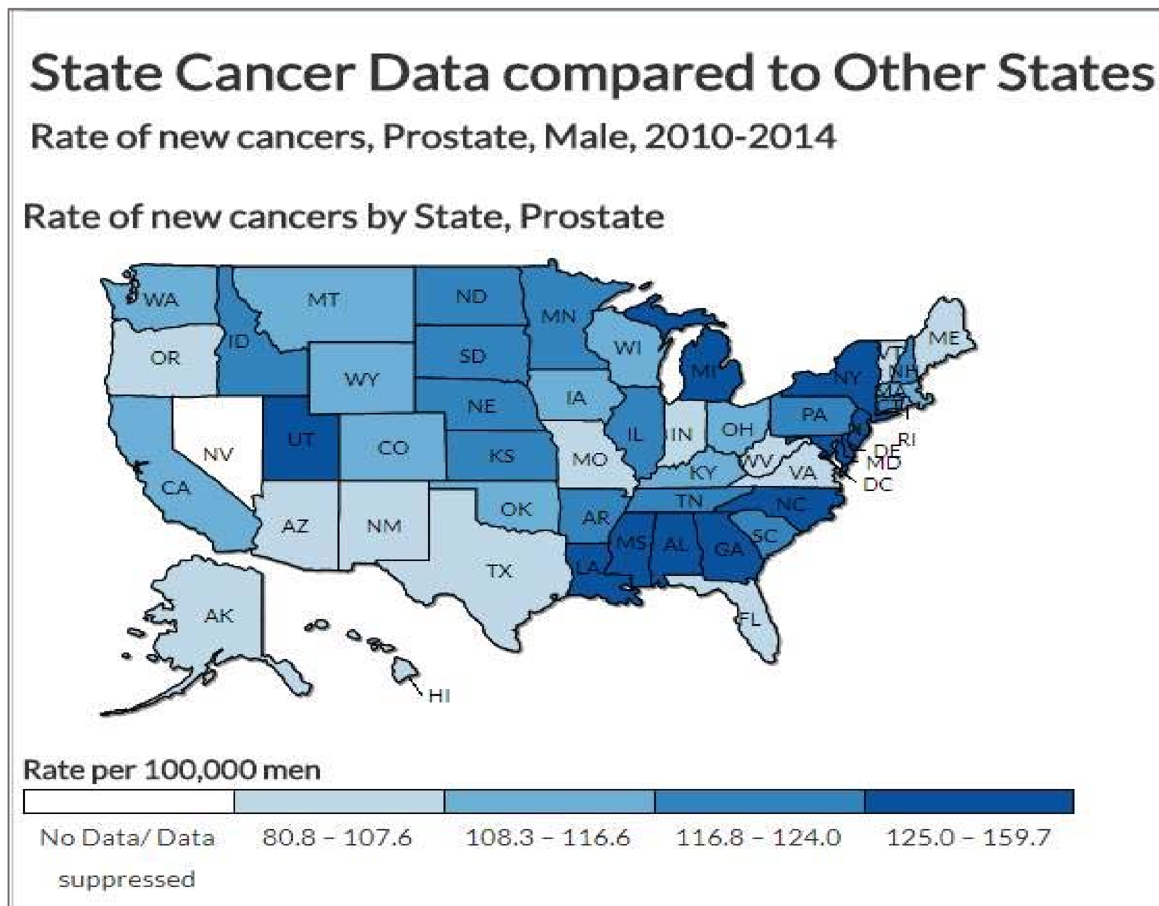
testing in NSCLC, and learn the advancements in biomarker testing. CEs are not available for this presentation. The webinar is complimentary for NCRA members, but registration is required.

Leading Cancer Groups Issue Joint Statement on Disparities
http://www.medscape.com/viewarticle/883406#vp_1

September is Prostate Cancer Awareness Month
Prostate Cancer Awareness Month Social Media Toolkit from George Washington University
This pdf has 14 pages of ideas that your facility might like to use
https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/Prostate_SocMediaToolkit%202017.pdf

From United States Cancer Statistics Data Visualizations (based on your data to us!):





U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2014 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2017.

REGISTRY TO RESEARCH (publications using cancer registry data)

Use of Alternative Medicine for Cancer and Its Impact on Survival (NCDB data)
https://academic.oup.com/jnci/article/110/1/djx145/4064136/Use-of-Alternative-Medicine-for-Cancer-and-Its

The association between patient attitudes and values and the strength of consideration for contralateral prophylactic mastectomy in a population-based sample of breast cancer patients (SEERdata)
http://onlinelibrary.wiley.com/wol1/doi/10.1002/cncr.30924/full

Risk Factors for Melanoma in Renal Transplant Recipients (SEER data)
http://jamanetwork.com/journals/jamadermatology/fullarticle/2644964

Concurrent chemotherapy is associated with improved survival in elderly patients with bladder cancer undergoing radiotherapy (NCDB data)
http://onlinelibrary.wiley.com/doi/10.1002/cncr.30719/abstract

Overall survival advantage of chemotherapy and radiotherapy in the perioperative management of large extremity and trunk soft tissue sarcoma; a large database analysis (NCDB data)
http://www.thegreenjournal.com/article/S0167-8140(17)32480-5/abstract

Racial Disparity in Delivering Definitive Therapy for Intermediate/High-risk Localized Prostate Cancer: The Impact of Facility Features and Socioeconomic Characteristics (NCDB data)
http://www.europeanurology.com/article/S0302-2838(17)30652-8/fulltext

Change in Pattern of Secondary Cancers After Kaposi Sarcoma in the Era of Antiretroviral Therapy (SEER data) http://jamanetwork.com/journals/jamaoncology/article-abstract/2649758

Use of Alternative Medicine for Cancer and Its Impact on Survival (NCDB data)
https://academic.oup.com/jnci/article/110/1/djx145/4064136/Use-of-Alternative-Medicine-for-Cancer-and-Its

RESOURCES AND NEWS OF INTEREST

FDA Approves Frontline Faslodex for Breast Cancer Subset
http://www.curetoday.com/articles/fda-approves-frontline-faslodex-for-breast-cancer-subset?utm_term=Read%20full%20story%20%5Cu00BB&utm_campaign=CURE%20Breaking%20News%208-28-17&utm_content=email&utm_source=Act-On+Software&utm_medium=email&cm_mmc=Act-On%20Software-_-email-_-FDA%20Approves%20Frontline%20Faslodex%20for%20Breast%20Cancer%20Subset-_-Read%20full%20story%20%5Cu00BB

FDA Approves Nivolumab for Some Metastatic Colorectal Cancers
https://www.cancer.gov/news-events/cancer-currents-blog/2017/nivolumab-fda-colorectal?cid=eb_govdel

FDA approves new treatment for adults with relapsed or refractory acute lymphoblastic leukemia
https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm572131.htm

FDA Approves New Targeted Treatment for Relapsed or Refractory Acute Myeloid Leukemia
http://www.practiceupdate.com/c/56469/2/1/?elsca1=emc_enews_daily-digest&elsca2=email&elsca3=practiceupdate_onc&elsca4=oncology&elsca5=newsletter&rid=NTU2MjE4MTE1NjYS1&lid=10332481

Aggressive End-of-Life Care Is Associated With a Shorter Survival Time in MBC
https://link.springer.com/article/10.1007%2Fs10549-017-4420-4

NUT Midline Carcinoma
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000636/

Most melanomas grow as new spots, not from existing moles
http://www.medicalnewstoday.com/articles/319173.php?utm_source=newsletter&utm_medium=email&utm_campaign=weekly-us

Zebrafish implanted with a cancer patient's tumor could guide cancer treatment
http://www.sciencemag.org/news/2017/08/zebrafish-implanted-cancer-patient-s-tumor-could-guide-cancer-treatment

There is meaning in the work we do together!
Happy Labor Day holiday,

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

Missouri Cancer Registry and Research Center
Show-Me-Tips

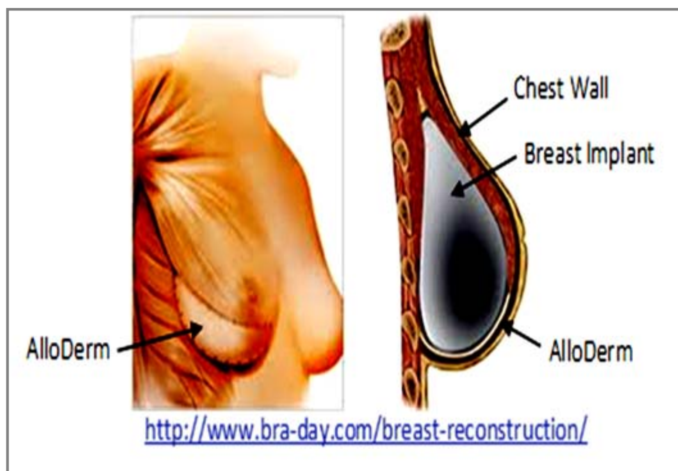
Coding...Abstracting...Education...

TYPES OF BREAST RECONSTRUCTION PROCEDURES

There are two main types of operations that can be done to reconstruct the shape of the breast:

1. **Breast implants** (using saline or silicone inserts)
   - Saline: These implants are filled with sterile salt water. Have been in use the longest.
   - Silicone Gel: Gel implants tend to feel a bit more like natural breast tissue. *Cohesive gel implants* are a newer, thicker silicone implant sometimes called "gummy bear" implants.

     A. **One-stage immediate breast reconstruction**: The implant is usually put beneath the muscle of the chest at the same time as the mastectomy is done. A special type of graft (made from skin) or an absorbable mesh is used to hold the implant in place.
       - Many products (such as AlloDerm® and DermaMatrix®) use donated human skin to support implants or transplanted tissues. These are known as *acellular matrix* products because they have had the human cells removed. They are used to extend and support natural tissues and help them grow and heal.



Note: Grafting donated human skin such as AlloDerm or Allomax to make more room for or to support an artificial implant does not change the surgical code.

       - Doctors can also use synthetic mesh and, more recently, animal skin with the cells removed (an acellular matrix such at Strattice).

     B. **Two-stage reconstruction:** A short-term tissue expander is put in during the mastectomy to help prepare for reconstructive surgery later. The expander is a balloon-like sac that's slowly expanded to the desired size to allow the skin to stretch. Once the skin over the breast area has stretched enough, a second surgery is done to remove the expander and put in the perma-nent implant. This method is sometimes called *delayed-immediate reconstruction* because it allows time for other treatment options.

2. **Tissue flap procedures** (using the patient's own body tissues)
   - The tissue used for a flap procedure comes from somewhere else on the patient's body, such the tummy or back.

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.

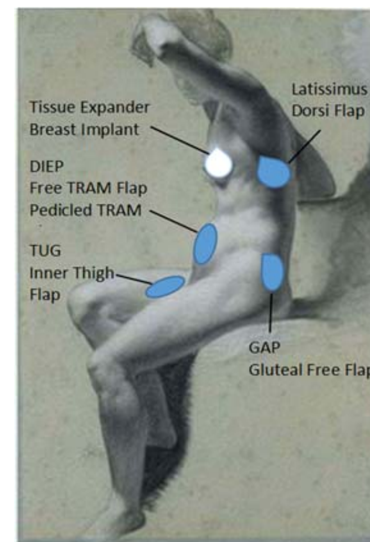
TYPES OF BREAST RECONSTRUCTION PROCEDURES (*continued)*

- The most common types of tissue flap procedures are:
  A. **TRAM (transverse rectus abdominus muscle) flaps** use tissue from the abdomen. There are different types of TRAM flaps:
    - A **pedicle TRAM flap** leaves the flap attached to its original blood supply and tunnels it under the skin to the chest.
    - A **free TRAM flap** moves tissue from the lower abdomen, but the flap is completely disconnected and moved up to the chest. The blood vessels must then be reattached.

  B. **DIEP (deep inferior epigastric perforator) flap** uses fat and skin from the same area as the TRAM flap but does not use the muscle to form the breast shape.

  C. **Latissimus dorsi flaps**, which use tissue from the upper back and is often used along with a breast implant. The surgeon tunnels muscle, fat, skin, and blood vessels from the upper back, under the skin to the front of the chest. This provides added coverage over an implant and makes a more natural-looking breast.

  D. **Gluteal free flap (GAP flap) or the Inner Thigh (TUG) flaps** are newer types of reconstructive surgery that uses tissue from the buttocks or thigh to create the breast shape.



http://www.artistdaily.com

BREAST RADIATION TREAMENT CODES

- Intra Operative Radiation Therapy is a brachytherapy platform that operates as a small version of a linear accelerator system generating low voltage x-rays. This modality should be coded as 21 Orthovoltage.
- Accelerated partial breast irradiation is a form of localized brachytherapy treatment. The inflated lumpectomy cavity has a Mammosite ML balloon inserted through which Iridium Seeds travel. Brachytherapy procedures utilizing Iridium are considered to be HDR and are coded to 52 Brachytherapy Intracavitary HDR.
- If IMRT and beam energy are mentioned in treatment summary (may need to review initial treatment plan), code 31 IMRT.

HISTOLOGY

- Code histology from the most representative specimen.
- Non-infiltrating comedocarcinoma and any other intraductal carcinoma is coded to 8501/2-comedo carcinoma non-infiltrating
- DCIS with Microinvasion-Code to invasive ductal carcinoma 8500/3.
- Histology using the word focal is ignored.

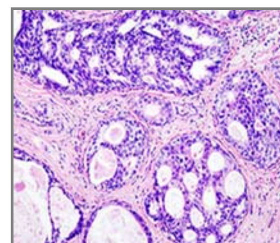


Image of Breast Carcinoma in situ
Source: Multiple Primary and Histology Rules

Example: Ductal carcinoma with focal lobular carcinoma. Ignore the focal histology and code to ductal carcinoma 8500/3.

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.