

MCR MINI-UPDATE SEPTEMBER 2018

Fellow Registrars,

Undergraduate students are back on the MU campus and summer is winding down with the approach of the Labor Day weekend. That means it is time to start making plans to attend the Missouri State Tumor Registrars (MoSTRA) annual meeting in Columbia October 31-November 2. Committee members have been hard at work to bring you a fun and educational experience. Such an opportunity to hone our skills could be particularly useful in this year of changes to so many data standards. The annual meeting offers a cost-effective way for CTRs to earn up to 14 continuing education credits, and it is always a great opportunity to network with fellow registrars from across the state. We hope to see you here in CoMO!

DUE DATES

To be on track, large hospitals (>500 cases/yr.) are expected to have at least partially abstracted Feb 2018 diagnosis cases by September 15. **However, because 2018 software is not yet available, you must hold all cases diagnosed in 2018** until both your software and Web Plus are available in the v18 layout. Cases diagnosed before 2018 and first seen at your facility in 2018 can be abstracted in your current software and submitted to MCR now.

Smaller facilities (<300 cases /yr.) should try to stay on pace to report the 1st Quarter of 2018 by October 15 as v18 software should be in place then. Depending on how long the software delay is, we may have to be lenient with that deadline.

EDUCATION

NAACCR Webinars

Live: September 6th, 2018, 8-11 a.m., **Coding Pitfalls.** To attend the live broadcast in Columbia, sign up here: <https://www.signupgenius.com/go/30e0e49a4a82caafa7-naacccr32>

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

MCR Zoom Webinar

December 12, 2018, 10-11 a.m., “2018 Solid Tumor Rules-Breast” Sign up here: <https://www.signupgenius.com/go/30e0e49a4a82caafa7-2018>

Show Me Tips - September 2018

A handy 3-page summary entitled “2018 Solid Tumor Rules: Changes from the 2007 MP/H Rules for Breast, Colon and Lung” has been compiled by MCR staff and is attached to this email.

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Save the date for AJCC 8th Edition Cancer Staging Webinar for Registrars

The American Joint Committee on Cancer (AJCC) conducted a number of webinars on the AJCC Cancer Staging Manual, Eighth Edition in 2018. The remaining webinars are scheduled as follows:

Sept. 11, 2018 - Breast Staging. All webinars will be held from 1:00 to 2:00 p.m. CDT. Category A CE of 1 hour is available 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> Registration for this seminar has been posted as:

<https://register.gotowebinar.com/register/1208450533271848707?source=NAACCR+List+Serv>

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.

MoSTRA Annual Meeting

“Cancer Registry – It Ain’t the Big Easy” will be held in Columbia Oct. 31- Nov. 2. Educational sessions will include several presentations on 2018 standards changes. The program brochure and registration information are posted at <https://mostra-ctr.org/AnnualMeeting/tabid/94/Default.aspx>. The registration deadline is October 9.

Complimentary Training! 2018 SEER Solid Tumor Rules: General Instructions

NCRA and SEER are working together to produce online training on the 2018 Solid Tumor Rules. The first module on *General Instructions* has been posted at www.CancerRegistryEducation.org/SEER. Additional modules will focus on specific sites and will be posted over the coming months. Stay tuned.

Complimentary Live Webinar from Genentech on Associated CLL Cytogenetic and Molecular Changes

Genentech is presenting a complimentary one-hour webinar entitled "Associated CLL Cytogenetic and Molecular Changes" on Wednesday, October 10, 2018, at 2 p.m. ET. Karen Groth, MSN, CNS, ARNP, Senior Hematology Clinical Coordinator, Genentech, will present.

Chronic Lymphocytic Leukemia (CLL) is the most common leukemia of adults in Western countries. The clinical course is highly variable, ranging from very indolent cases to patients with aggressive and rapidly progressing disease. Groth will discuss the chromosomal abnormalities in CLL that are detected in up to 80% of patients. Among them, deletions of 11q, 13q, 17p, and trisomy 12 have a known prognostic value and play an important role in CLL pathogenesis and evolution. She will address the impact on determining patients' outcomes and therapeutic strategies. CEs are not available. Webinar is complimentary for NCRA members, but [registration is required](#)

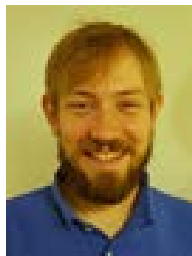
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MCR NEWS

Death Clearance

As a reminder, the Death Clearance process for reporting year 2016 is currently in process. A special thanks to all those registrars who have already responded and completed your data resolution so promptly. If you have not yet completed the data resolution for your hospital, please take some time and do so at your earliest convenience.

New CTR! Jeff Steffens



Congratulations to MCR-ARC Data Specialist Jeff Steffens on earning the CTR credential! Jeff completes abstracts for doctors' offices and low-volume facilities who submit to MCR. He recently took the CTR exam for the first time and passed with flying colors. Preparing for the exam is a particular challenge for someone trained at a central registry without direct experience in hospital registry operations and CoC Standards. We are very proud of the hard work Jeff has put in to learn the cancer registry profession and we value his work at MCR-ARC.

TNM Questions

Because MCR/NPCR will not be requiring AJCC TNM 8th edition fields from any hospital, we will not be in a position to support such TNM questions via our 800# Helpline. TNM issues/questions pertaining to the 8th edition should be directed to the appropriate threads of the ACoS CAnswer Forum <http://cancerbulletin.facs.org/forums/help> . If you have 7th edition questions our QA staff is glad to continue to help with those.

STANDARD SETTER AND NATIONAL NEWS

CDC/NPCR

Registry Plus Software

Projected MCR software implementation dates are currently as follows:

- Abstract Plus - generic version available to MCR soon, MCR is third in line to have it customized thereafter for Missouri users
- Web Plus - September
- Prep Plus - (used by MCR QA) October
- CRS (MCR main database) – December (after we report 2016 data to NPCR using v16)

We expect to be able to accept 2018 cases when the Web Plus upgrade is installed in late September. Missouri Abstract Plus users should have their software by then. Vendors of hospital abstracting software should be releasing their products to you in about the same timeframe. By October we should be able to resume QA processing incoming files and give you feedback on your submitted 2018 cases. Processed files will be loaded into our main database when it is ready in December.

Changes to NPCR and MCR 2018 Required Fields List

Because NPCR posted additional changes in NAACCR Volume II on 8/20/18 and more changes are expected, the MCR list of required fields for 2018 will be undergoing updates. The changes are minor and will be reported to your software vendors and posted on the MCR website. So far, some additional

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over-ride options and auto-generated schema discriminators will be built into the software and Peritoneal Cytology has been dropped as an SSDI requirement for NPCR and MCR. When posted, changes to the MCR list will be highlighted in yellow and dated so that you will know that you have the latest version.

NCI/SEER

Solid Tumor Rules Modules

The Head and Neck module was finalized yesterday. All modules are now in their final form. A comprehensive manual format including all modules is being developed and will be published next.

Solid Tumor Rules Revisions

If you use the online version of the Solid Tumor Rules it will always be the most recent version. But if you have saved the rules as a pdf or printed a manual to use, please keep it updated by monitoring this site for a summary of ongoing revisions:

<https://seer.cancer.gov/tools/solidtumor/revisions.html> . One advantage of using the pdf is that you can highlight and annotate it for your own use.

Did You Know?

The “Did You Know?” Video Series provides 3- to 4- minute informational videos on various cancer topics. The videos communicate key statistical data on different types of cancer to a lay audience in understandable, clear, and concise language. SEER has recently released videos on Human Papillomavirus (HPV) Statistics, Lung and Bronchus Cancer Statistics, Rare Cancer Statistics, an Update on U.S. Cancer Survival Statistics, as well as a “Did You Know?” Promo.

<https://seer.cancer.gov/statistics/videos/>

NAACCR

NAACCR v18 Edits Metafile

The NAACCR v18 Edits Metafile and associated documents were posted last Friday. At this time there are no plans to add additional edits to be used with cases diagnosed in 2018.

- The standard setters are concerned that adding additional edits on 2018 cases in subsequent releases of the v18 metafile would cause additional delays in reporting and processing of 2018 cases.
- If additional edits are included in releases of v18 next year, they will apply to cases diagnosed 2019 and forward.

The NAACCR v18 metafile could be re-issued this year if fixes need to be made to an edit. If Missouri reporting facilities identify errors in edits that appear to malfunction, NAACCR asks that you contact MCR. I have been working diligently this week to customize the edit metafile for Missouri so that it can be given to your software vendors quickly.

ICD-O-3 Tables

8/22/18 Errata: Changes were made to the tables adding tonsil (C09.9) as a site eligible for HPV-positive or negative squamous cell carcinoma (8085/3). <https://www.naaccr.org/implementation-guidelines/#ICDO3>

CINA

This summer NAACCR released the current CiNA Monographs. The current CiNA volumes are available here: <https://www.naaccr.org/cancer-in-north-america-cina-volumes/>. These include Vol 1 (combined

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incidence), Vol 2 (registry-specific incidence), and Vol 3 (registry-specific mortality) for diagnosis years 2011-2015 as well as the update to Vol 4 (Survival) for diagnosis years 2007-2013. NAACCR has also updated the “Top 5 Cancers” link: <https://www.naacr.org/top-5-cancers/for-2011-2015>.

CoC

STORE Manual has been published. <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>

MCR will work to incorporate pertinent changes from STORE into a 2018 MCR Abstract Code Manual.

AJCC

e-Book of AJCC 8th edition to be published

AJCC expects to release of an e-book version of the AJCC 8th edition TNM Manual in September. Watch the AJCC website in September if you are interested in purchasing such a product:

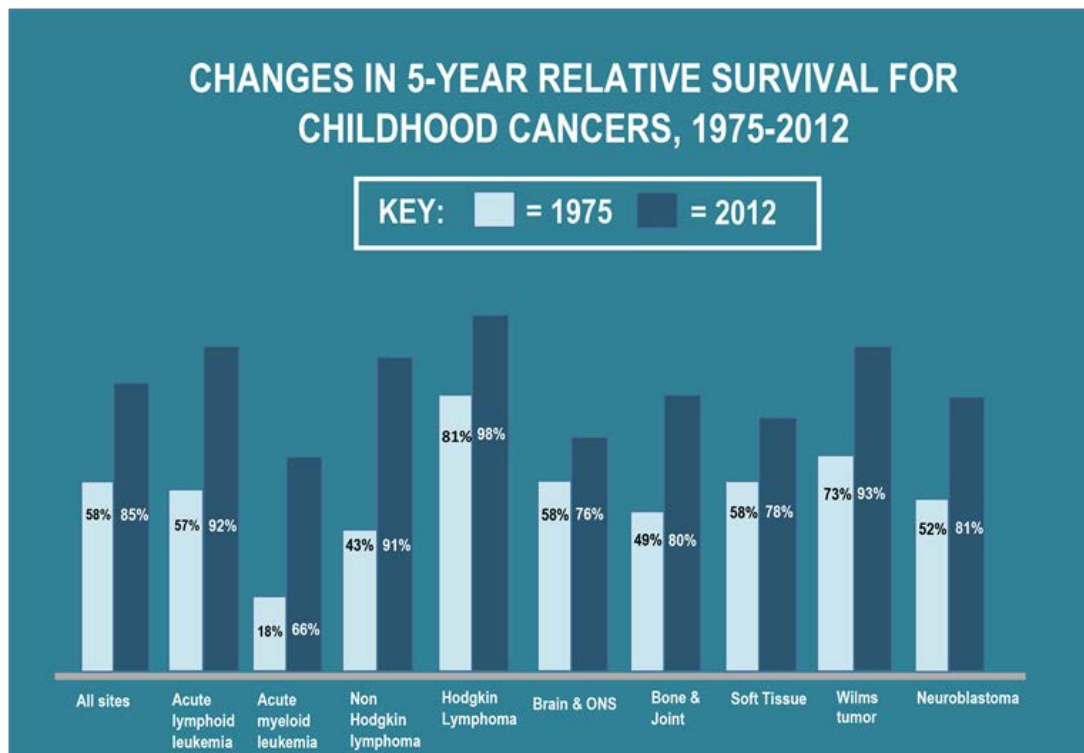
<https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx>

NCRA

2018 Marks 35th Anniversary of CTR Credential

The Certified Tumor Registrar credential marks a milestone in 2018 - its 35th anniversary. As you know, this nationally recognized credential sets the standard for professional excellence in the cancer registry field, and it's widely used in the recruitment and retention of registry personnel. In the past 35 years, more than 7,000 individuals have attained the CTR credential, and more than 5,200 are currently maintaining it. Kudos to all of you who have earned and maintained this credential!

September is Childhood Cancers Awareness Month



seer.cancer.gov

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

Colorectal screening – using your data to improve guidelines

This summer the American Cancer Society released a new colorectal cancer screening guideline, published in CA: A Cancer Journal for Clinicians. The new guideline recommends that adults start regular screening for colorectal cancer at age 45. **The guideline was changed based on new data showing increasing rates of colorectal cancer in younger populations.** By updating the guideline, the American Cancer Society hopes it will save more lives by finding colorectal cancer early, detecting polyps and removing them before they become cancerous and improving the success of treating colorectal cancer as a result of earlier detection. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>

Trends in Human Papillomavirus–Associated Cancers — United States, 1999–2015 (NPCR & SEER data)
https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a2.htm?s_cid=mm6733a2_e

Endocrine Late Effects in Survivors of Cancer in Adolescence and Young Adulthood (Danish cancer registry data)
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2686037>

Cancer-specific mortality, cure fraction, and non-cancer causes of death among diffuse large B-cell lymphoma patients in the immuno-chemotherapy era. (SEER data)
<https://onlinelibrary.wiley.com/doi/abs/10.1002/cncr.30739>

Recent Spatiotemporal Patterns of US Lung Cancer by Histologic Type (SEER data)
<https://www.ncbi.nlm.nih.gov/pubmed/28580352>

Estimation of the Number of Women Living with Metastatic Breast Cancer in the United States (SEER data)
<https://www.ncbi.nlm.nih.gov/pubmed/28522448>

Urban/Rural Differences in Breast and Cervical Cancer Incidence: The Mediating Roles of Socioeconomic Status and Provider Density (SEER data)
<https://www.ncbi.nlm.nih.gov/pubmed/29108988>

Incidence and Risk of a Second Primary Malignant Neoplasm After a First Head and Neck Squamous Cell Carcinoma (SEER data)
<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2687487>

International Patterns and Trends in Endometrial Cancer Incidence, 1978–2013 (International registry data)
<https://academic.oup.com/jnci/article/110/4/354/4555056>

RESOURCES AND NEWS OF INTEREST

The history and use of cancer registry data by public health cancer control programs in the United States
<https://onlinelibrary.wiley.com/doi/abs/10.1002/cncr.30905>

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FDA approves first treatment for rare adrenal tumors

<https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm615155.htm>

FDA Approves Poteligeo for Rare Types of Non-Hodgkin Lymphoma

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm616176.htm>

Association of Smoking Status with Recurrence, Metastasis, and Mortality Among Patients With Localized Prostate Cancer Undergoing Prostatectomy or Radiotherapy

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2682189>

Prospective Study of Psychosocial Outcomes of Having Contralateral Prophylactic Mastectomy among Women with Nonhereditary Breast Cancer

<http://ascopubs.org/doi/10.1200/JCO.2018.78.6442>

Unmet Need for Clinician Engagement Regarding Financial Toxicity after Diagnosis of Breast Cancer

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cncr.31532>

Ancient Gene Protects Elephants from Cancer

[https://www.cell.com/cell-reports/fulltext/S2211-1247\(18\)31145-8](https://www.cell.com/cell-reports/fulltext/S2211-1247(18)31145-8)

Why Cancer Researchers Are Excited About STING Agonists

<http://www.cancernetwork.com/oncology-journal/eileen-parkes-why-cancer-researchers-are-excited-about-sting-agonists?>

Is Prevention of AML on the Horizon?

<http://www.cancernetwork.com/acute-myeloid-leukemia/prevention-aml-horizon>

USPSTF Updates Guidance for Cervical Cancer Screening

<https://jamanetwork.com/journals/jama/fullarticle/2697703>

There is meaning in the work we do together!

Nancy H. Rold, CTR

Operations Manager

Missouri Cancer Registry and Research Center



2018 Solid Tumor Rules Changes from 2007 MP/H Rules

These changes are effective with cases diagnosed 1/1/2018 and later

Breast C500-C506, C508-C509

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

1. **NST (No Special Type), mammary carcinoma NST, and carcinoma NST** are the new terms for duct or ductal carcinoma. Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the “terminal duct lobular unit” therefore the preferred term is NST or carcinoma NST.
2. **Mammary carcinoma** is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) **8500**. It will no longer be coded as carcinoma NOS **8010**.
3. **DCIS/Carcinoma NST in situ** has a major classification change.
 - A. Subtypes/variant, architecture, pattern, and features **ARE NOT CODED**. The majority of in situ tumors will be coded to DCIS 8500/2.
 - B. It is very important to code the grade of all DCIS.
 - i. Code grade as designated in current AJCC 8th Edition Manual, SEER Manual, COC STORE 2018 Coding Manual and NAACCR Site Specific Data Items and Grade Manual <https://www.naacr.org/SSDI/Grade-Manual.pdf>
 - ii. The current breast **WHO** edition emphasizes coding the **grade** of tumor rather than the **subtype/variant**.
 - iii. The WHO editions are used internationally by pathologists to keep their nomenclature and histology identification current.
 - iv. Over time, **subtypes/variants** will be diagnosed **less frequently**.
4. The invasive subtype/variant is coded **ONLY** when it comprises **greater than or equal to 90%** of the tumor. This change has been implemented in both the WHO and in the CAP protocols.
5. **New codes/terms** are identified by asterisks (*) in the histology table in the Terms and Definitions.
6. Excerpt from the CAP Invasive Breast Protocol (page 17): “A modified list is presented in the protocol based on the most frequent types of invasive carcinomas and terminology that is in widespread usage. The modified list is intended to capture the majority of tumors and reduce the classification of tumors being reported as ‘other.’ The WHO classification is presented for completeness”.


2018 Solid Tumor Rules continued

Colon C180-C189, C199, C209

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

1. **Rectum** and **Rectosigmoid** are now included with the Colon Rules. In the 2007 MPH Rules, they were included with Other Sites.
2. There are new multiple primary rules which address **anastomotic recurrence**.
3. Neuroendocrine tumors (formerly carcinoid) arising in the appendix are reportable for cases diagnosed 1/1/2015 and forward.
4. **Rule clarification: Pseudomyxoma peritonei** (accumulation of mucin in the abdominal or pelvic cavity) now has a **two-tiered system** (WHO 2010) that classifies pseudomyxoma peritonei as either **high-grade** or **low-grade** (see below). Pseudomyxoma peritonei is usually associated with **mucinous** tumors of the appendix and is rarely associated with ovarian mucinous tumors.
 - **High-grade** pseudomyxoma peritonei is **malignant** /3
 - **Low-grade** pseudomyxoma peritonei is **NOT malignant** /0
5. There are **dysplasias** which have been assigned an **in situ behavior** code /2 in **WHO** and in **the ICD-O Update**. Despite becoming a /2, they are **NOT reportable in the US**. They are reportable in Canada.
 - A. Dysplasia **was not** collected in the past. If dysplasia is added to the database with the same code as in situ tumors, there will be a **huge upsurge** in the **incidence** of in situ neoplasms.
 - There would be no way to **separate** the dysplasias from the in-situ neoplasms in the data base, which would cause problems with surveillance (long-term studies) since the prognosis and probabilities of disease progression are different between an in-situ tumor and a dysplasia
 - **Pathologists frequently use the term “severe dysplasia” or “high grade dysplasia” in place of carcinoma in situ. Code CIS ONLY** if the pathologist expressly states “CIS”
 - B. The various agencies are looking for solutions to this issue
6. **Polyps** are now **disregarded** when coding histology. For example, adenocarcinoma in an adenomatous polyp is coded as adenocarcinoma 8140.
7. New codes/terms are identified by asterisks (*) in the histology table in the Terms and Definitions.


2018 Solid Tumor Rules continued

Lung C340-C343, C348, C349

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Note 1: Changes are **implemented slowly** over time, so it is not unusual for a pathology report to use an obsolete term. **Obsolete** terms and codes **can be used** when they are the **only information** available.

Note 2: WHO 4th Ed Tumors of Lung 2015 has a new classification of adenocarcinoma which is a significant change from the 2004 WHO classification. One of the major changes is discontinuing usage of the term **bronchioloalveolar carcinoma (BAC)** beginning with cases diagnosed 1/1/2018 and forward. The preferred term for BAC is now mucinous adenocarcinoma **8253**.

1. **New** and **changed** ICD-O histology codes have been added to **Table 3** and are identified by an asterisk. (**Use Table 3 as directed by the Histology Rules, in Lung Equivalent Terms and Definitions, to assign the more common histology codes for lung tumors.**) Some of those changes include:
 - A. **In situ** and **minimally** invasive terms and codes.
 - B. **Terms** assigned a **new histology** code.
 - C. **Histology codes** assigned a **different preferred term** (18 codes with new preferred terms).

2. The following new terms and codes have been added. The new terms and codes are **for lung ONLY**. See **notes** in **Table 3**. The new codes and revisions are listed in the ICD-O-3 Histology Revisions on the NAACCR website <https://www.naacr.org/2018-implementation/>
 - A. Mucinous carcinoma/adenocarcinoma
 - **8253/3** when
 - Behavior unknown/not documented (use staging form to determine behavior when available)
 - Invasive
 - **8257/3** when
 - Microinvasive
 - Minimally invasive
 - **8253/2** when
 - Preinvasive
 - In situ

Note: Previously, only **invasive /3** codes were available for mucinous adenocarcinoma of the lung. It has been recognized that not all lung cancers are invasive /3 so new codes were implemented.
 - B. Non-mucinous carcinoma/adenocarcinoma
 - **8256/3** when
 - Microinvasive
 - Minimally invasive
 - **8250/2** when
 - Preinvasive
 - In situ