MCR MINI-UPDATE
DECEMBER 2017

Fellow Registrars,
MCR staff are very busy in November double-checking our data before sending it to the national level, but we still have some important news, tips and resources to share with you.

DUE DATES

Large hospitals (>500 cases/yr.) are to report May 2017 cases by December 15 and smaller facilities (<300 cases /yr.) report the 2nd Quarter of 2017 by January 15. Please submit 2017 cases in a separate file from abstracts with earlier diagnosis years.

EDUCATION

NAACCR Webinars

Live: Dec. 7, 2017, 8-11 a.m., **Collecting Cancer Data: Uterus.** To attend the live broadcast in Columbia, sign up here. http://www.signupgenius.com/go/30e0e49a4a82caafa7-naaccr23

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

Zoom

Jan. 10, 2018, 10-11a.m., **"How MCR Data is Used"** by Nancy Rold. Sign up here.
http://www.signupgenius.com/go/30e0e49a4a82caafa7-using
In 2018, MCR presenters will use the webinar application "Zoom" instead of GoToMeeting. Log In information will be provided to those who register for the live event. Recordings will be posted on the MCR website.

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

Show Me Tips

December 2017 Show Me Tips - Coding, Abstracting and Education - "TNM 7th Edition" includes tips on: Use of blank, Use of X, cN in the pN field, pN nodes, and clinical and pathologic M. It 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.

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.

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Save the Dates! AJCC Announces 8th Edition Staging Webinars

The AJCC has announced live webinars on key 8th Edition topics. These webinars are designed specifically for registrars. Please mark your calendars! Additional information and registration links coming soon. Earn FREE Category A CE credits for the live or recorded webinars. Visit the **AJCC website** for updates. Webinars at 1 PM CDT.

- **Introduction & Descriptors**
  Thursday, December 7, 2017

- **Minor Rule Changes**
  Thursday, February 15, 2018

- **Major Rule Changes**
  Tuesday, March 20, 2018

- **CAnswer Forum & Staging Questions**
  Tuesday, April 17, 2018

- **Head and Neck Staging**
  Wednesday, July 25, 2018

- **Breast Staging**
  Thursday, September 6, 2018

SEER Educate

New material provides training for diagnosis year 2018 cases on Extent of Disease (EOD) and Summary Stage 2018. SEER*Educate has made the first 160 practice cases available covering 28 primary site groups. By January 1st, they will release 135 additional EOD coding exercises on 26 additional primary site groups. These coding exercises contain four data items: EOD Primary Tumor, EOD Regional Node, EOD Mets, and Summary Stage 2018. They have applied to the National Cancer Registrars Association (NCRA) for **Category A** continuing education credits for this entire series. **The CEs for this section of SEER Educate will be applicable from 1/1/2018 forward only.** Log in or sign up at **SEER*Educate** today by visiting https://educate.fhcrc.org/ and **Learn by Doing**! MCR Note: MCR will not require EOD fields in 2018. We will require SEER Summary Stage 2018 in 2018 case abstracts.

MCR NEWS & TIPS

Important Issue with Misuse of cN

In cleaning MCR data for submission to NPCR, we realized that there is widespread misuse of cN in the pN field which can also affect the pathologic stage group. As you will note in AJCC 7th Edition, cN is ***only*** allowed in the pN field in, at most, the following cases: in situ, Melanoma (pT1a), Endometrium, GIST, Bone, and Sarcoma. These situations are also noted on the attached Show Me Tips for your reference. Please check your abstracting for compliance with other sites as you abstract in December. For instance, for prostate cancer, if no nodes were removed at prostatectomy, you would use pNx in the path N field, not cN0.

Because misuse of cN in situations ***other than*** those listed can cause errors in pathologic group stage and major problems for MCR consolidation, MCR will institute an edit on this field which will flag misuse as an error beginning January 1, 2018. Sending a new v16 metafile to vendors would cause delays and uneven implementation, so ***instead*** we are opting to add the one new edit to **Web Plus** on January 1. You can proactively run a report of cN vs pN use by site/behavior and make corrections in your database or you can fix the abstracts after Web Plus identifies errors in your upload and then re-submit the cleaned file. The edit will be considered for inclusion in a v18 metafile for use directly in your database with 2018 cases.

Please note: For the 6 situations above where cN0 is allowed in the pN field, your vendor may or may not have programmed that into your pick lists for v16 (this is because c and p designations were devised right before release of v16 software). You may be able to enter it manually. Choices for these will be fine-tuned with the implementation of AJCC 8th edition in 2018. The new edit MCR is implementing will not trigger an error if pNx has to be used in these 6 situations.

Bottom line: Please don't put cN0 where it doesn't belong but don't worry for now if you can't yet put it where it does belong. Are we all crazy yet?!

Glioma Tx Tip

According to the Canswer Answer Forum, Optune is a wearable and portable FDA-approved device that produces alternating electrical fields within the human body. These fields are applied to the patient by electrically insulated surface transducer arrays. The electric fields interfere with active cell division, leading to disruption of chromosome segregation and eventually to cell death. You can read about the technique at http://www.novottftherapy.com. This therapy does not fit the description of Surgical Procedure to Primary Site, Radiation therapy, or Systemic therapy. Code it as Other, 1.

pT Staging for Primary Site Prostate

Pathologic staging for prostate cancer generally requires a total prostatectomy including regional lymph node dissection. A transurethral resection of the prostate (TURP) is a surgery used to treat urinary problems due to an enlarged prostate, and is not considered to be definitive surgical treatment for prostate cancer. TURP does not meet the TNM classification guidelines for pathological staging because it removes prostate tissue but does not remove the prostate itself.

STANDARD SETTER AND NATIONAL NEWS

AJCC Eighth Edition Update to Breast Chapter (previously sent to you 11/14/17 in a blast email)
The decision to delay implementation of the American Joint Committee on Cancer (AJCC) Cancer Staging Manual, Eighth Edition to January 1, 2018 has provided the AJCC with an opportunity to take a careful look at the way it has traditionally communicated cancer staging. Since the manual was published last fall, the AJCC has worked with the surveillance community, the pathology community, and clinical decision support software developers to take a more critical look at the content and make improvements and clarifications that will help everyone who uses this information including the registrar, clinician, and the software developer.

As part of this effort, the AJCC decided to validate and update the Eighth Edition breast cancer staging system using an additional years' worth of data from the National Cancer Database (NCDB). The AJCC

Breast Expert Panel has recommended providing two breast cancer Prognostic Stage tables based on further analysis of the NCDB data.

The Clinical Prognostic Stage Group will be used to assign stage for all patients based on history, physical examination, imaging studies, and relevant biopsies. The Pathological Prognostic Stage Group will be used to assign stage for patients who have surgical resection as the initial treatment of their cancer before any systemic or radiation therapy. The Breast Expert Panel also recommended clinical, pathological, and post-therapy data elements that cancer registries should record.

As science continues to evolve, the AJCC is committed to validating and incorporating important updates and communicating them transparently. We understand the burden that these changes place on those who purchased the first printing of the manual. To this end, the entire breast cancer chapter of the manual is now available through the AJCC website, and replacement pages for all updates and corrections made to the entire manual will be available in December 2017. Future printings of the Staging Manual will include the updated breast chapter as well as other minor updates and corrections issued to date.

Please visit cancerstaging.org for education and regular updates to the AJCC Eighth Edition.

2017 CBTRUS Report Available

The Central Brain Tumor Registry of the United States (CBTRUS) announces the publication by Oxford University Press of its latest report, CBTRUS Statistical Report: Primary Brain and Central Nervous System Tumors Diagnosed in the United States in 2010-2014. The Report is a Supplement to the Society for Neuro-Oncology official journal, *Neuro-Oncology*, and is available online at www.cbtrus.org through a Free to View web link by clicking on Reports and Tables. Data collected by CDC's National Program of Cancer Registries and NCI's Surveillance Epidemiology and End Results program were analyzed, resulting in an incidence rate of 22.64 cases per 100,000 (15.49 for non-malignant and 7.15 for malignant) for all primary brain and other central nervous system tumors in 2010-2014. The efforts of hospital tumor registrars, central cancer registries, and staff from NPCR and SEER to collect accurate and complete data have contributed to making this report possible.

REGISTRY TO RESEARCH (publications using cancer registry data!)

Anal Cancer Risk among People with HIV Infection in the United States (data from 8 US state registries)
http://ascopubs.org/doi/abs/10.1200/JCO.2017.74.9291

Trends in Reoperation after Initial Lumpectomy for Breast Cancer (SEER data)
https://jamanetwork.com/journals/jamaoncology/article-abstract/2630063

The impact of Agent Orange exposure on prognosis and management in patients with chronic lymphocytic leukemia: a National Veteran Affairs Tumor Registry Study
http://www.tandfonline.com/doi/full/10.1080/10428194.2017.1375109?scroll=top&needAccess=true

Trends and variations in post-mastectomy radiation therapy for breast cancer in patients with 1 to 3 positive lymph nodes: A National Cancer Data Base analysis
http://onlinelibrary.wiley.com/doi/10.1002/cncr.31080/full

Invasive micropapillary carcinoma of the breast has a better long-term survival than invasive ductal carcinoma of the breast in spite of its aggressive clinical presentations: a comparison based on large population database and case–control analysis (SEER data)
http://www.practiceupdate.com/c/60085/1/1/?elsca1=emc_enews_expert-insight&elsca2=email&elsca3=practiceupdate_onc&elsca4=oncology&elsca5=newsletter&rid=NTU2MjE4MTE1NjYS1&lid=10332481

RESOURCES AND NEWS OF INTEREST

Tobacco Product Use among Adults — United States, 2015
https://www.cdc.gov/mmwr/volumes/66/wr/mm6644a2.htm?s_cid=mm6644a2_e

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_w

Characterization of male breast cancer: Results of the EORTC 10085/TBCRC/BIG/NABCG International Male Breast Cancer Program
https://academic.oup.com/annonc/advance-article/doi/10.1093/annonc/mdx651/4575095

Optimal Interval to Surgery after Neoadjuvant Chemoradiotherapy in Rectal Cancer: A Systematic Review and Meta-analysis
http://www.clinical-colorectal-cancer.com/article/S1533-0028(17)30183-4/abstract

Consistently Improving Prognostic Trend for Patients with Metastatic Breast Cancer over the Last 30 Years
http://www.clinical-breast-cancer.com/article/S1526-8209(16)30427-X/abstract

There is meaning in the work we do together!

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

December 2017

Missouri Cancer Registry and Research Center Show-Me-Tips

Coding...Abstracting...Education…

Ed 7:02

TNM 7th Edition

USE OF BLANK

- Blank means rules for classification have not been met
- Blank means patient does not meet criteria for staging
- Blank means registrar had no access to information. Specific component unknown to ***Registrar***
- cT, cN, cM blank – No workup for patient, incidental finding at surgical treatment, did not qualify for clinical staging
- pT blank – Patient did not have surgical treatment, did not qualify for pathologic staging
- Leave the pT **and** pN blank if the rules for classification of the **T** value have not been met
- If the rules for **pN have been met, but the rules for pT have not been met** leave ***both blank***

cN IN THE pN FIELD

- There are relatively few chapters in TNM that allow for use of cN in the pN field for 7th Ed. Chapters allowing cN in the pN field:
  - In-Situ
  - pT1a Melanoma
  - Endometrium
  - GIST
  - Bone
  - Sarcoma
- Keep in mind… As of 1/1/2018 there will be a Web Plus edit in place to catch errors in the pN entry. Pathologic stage group may also need to be corrected

Remember:

X and Blank both mean different things according to the interpretation by our Standard Setters

USE OF X

- X means specific component unknown to ***Physician***
- cTX – Specific component cannot be accessed. When physician cannot "examine" the tumor, such as the patient is refusing imaging scans, or refusing other tests that would evaluate tumor
- cTX – Physician did a test, but it did not provide enough information or type of information needed. Such as a colonoscopy will show the tumor, but not the depth of invasion needed to assign cT category
- cTX – Physician did not examine patient or do enough clinical workup to determine status, inadequate biopsy
- pTX – Specimen is lost between OR and pathology department
- If the rules for **pT** ***have been met*** but rules for **pN** ***have not been met***, assign the appropriate T value and assign **pNX**

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.

TNM 7th Edition *(continued)*

pN NODES

- Pathologic assessment of primary tumor pT is necessary to assign pathologic nodes pN
  - Except for Unknown Primary/No evidence of Primary Tumor (T0)
  - Example: An axillary node is biopsied and shows mets from a breast cancer, but the breast is normal on physical exam, and the mammogram and ultrasound do not show any breast tumor.
  - A true unknown primary C809 would not be TNM staged.
  - Assign a pathologic T0 for no residual tumor after neoadjuvant treatment ypT0
- If pathologic T is available, then any micro-scopic evaluation of nodes is pathologic N

CLINICAL AND PATHOLOGIC M

- Blank means rules for classification have not been met
- Blank means patient does not meet criteria for staging
- Blank means registrar had no access to information. Specific component unknown to ***Registrar***
- cT, cN, cM blank – No workup for patient, incidental finding at surgical treatment, did not qualify for clinical staging
- pT blank – Patient did not have surgical treatment, did not qualify for pathologic staging
- Leave the pT **and** pN blank if the rules for classification of the **T** value have not been met

Sources: AJCC 7th Ed. Manual, CAnswer Forum-TX vs. T0-04/10/17, AJCC Melanoma webinar for MCR-08/10/17, NAACCR AJCC Staging webinar-01/12/17, AJCC Staging for Registrars, Module IV.