MISSOURI
Cancer Registry
And Research Center

Newsletter

Newsletter for Registrars including Timeliness Reminders, Calendar of Events and Updates

News, news and more news...

We are pleased to announce that MCR is now the Missouri Cancer Registry and Research Center (MCR – ARC). If you have visited our website (http://mcr.umh.edu) recently, you may have noticed the new name. The change was made to better reflect all our activities. In the coming weeks and months, there will be further changes as we expand the website to include topics such as information about specific research projects, policies and procedures for researchers who want access to data and a list of publications and presentations using MCR data.

Although our name has changed and our website will be redesigned, our commitment to provide service and training to reporting facility staff, to maintain a high-quality database and to protect the privacy and confidentiality of individuals diagnosed with cancer in Missouri will never change. It is the information submitted by reporting facilities and the dedication and competence of reporting facility and central registry staff that makes it possible for MCR to have high-quality data that can be used for research as well as public health surveillance!

How Secure is Your Registry?

A recent benchmark study by the Ponemon Institute states the health care industry is spending $6 billion annually on data breaches of patient information. The study concludes "protecting patient data is a low priority" and that "organizations have little confidence in their ability to secure patient records." That's worrisome. Further details indicate patient billing (35%) and medical records (26%) are the areas most susceptible to data loss or theft. Findings also suggest the Health Information Technology for Economic and Clinical Health (HITECH) Act has exposed lax data protection practices rather than improving the safety of patient records. Apparently there are a significant number of data breaches that go undetected, and therefore unreported.

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In this issue...

Iris Zachary, MCR's security officer, is leading a team of MCR staff charged with ensuring that MCR's data is maintained securely. MCR has devoted considerable time and effort to improving both internal and external security, for both physical and electronic areas. We are continually researching ways to guard our data against possible new threats to our security. In doing so, we have gathered tips that apply to hospital-based cancer registries as well. We will be sharing some of these lessons learned throughout the year to help you safeguard your data.

For example:

- When you send follow-up letters are the envelopes sealed before ever leaving your office or do you send unsealed envelopes to a mail service for processing?

- Do you take paper copies of patient lists out of the hospital? If so, how are they safeguarded?

You can see from these examples that security is dependent upon each of us. Securing our data is not always convenient, but wouldn't a little inconvenience be preferable to explaining to a supervisor and CEO that "x" number of patients need to be notified that their personal information has been compromised?

Watch for more security information in the coming months. If you have questions about how best to secure your registry and/or your data or if you have tips to share, please contact Iris at 573-882-7274 or zacharyi@health.missouri.edu.

MCR Staff Awarded NAACCR Mentorship Funds

Nancy Rold and Brenda Lee will be traveling to the Alabama Statewide Cancer Registry (ASCR) in April as participants in a Mentor Fellowship Program sponsored by the North American Association of Cancer Registries (NAACCR). Nancy and Brenda hope to acquire innovative ideas and processes that MCR can adopt or adapt in the areas of quality assurance, non-hospital and low-volume facility reporting. We are grateful to NAACCR for providing the funding for this exciting trip!

Audrain Receives CoC Outstanding Achievement Award

Congratulations to Audrain Medical Center in Mexico, MO for being named to the preliminary list of awardees for the Commission on Cancer's (CoC's) 2010 Outstanding Achievement Award. This award is given to facilities demonstrating a commendation level of compliance with six standards in five areas of cancer program activity, as well as receiving a compliance rating for the other 30 standards. We know that registrars at all CoC-approved hospitals are required to put extra effort into their cancer programs and data collection. We thought it would be nice to begin to recognize (with permission) the awards they receive.

Special Projects Update

Jeannette Jackson-Thompson, Shari El-Shoubasi and Alena Headd attended the recent Health Information Management Systems Society (HIMSS) meeting in Orlando, Florida the last week in February. They helped with the Department of Health Management and Informatics Executive Program recruitment booth, attended educational sessions and visited with software vendors in preparation for the EHR interface project that we wrote about in our last newsletter and for a second project on improving the quality of data on race and ethnicity which will be described in a future newsletter.

New Delinquency Policy for Low-volume Facilities
Recently MCR revised the delinquency policy for Low-volume Facilities (LVFs). The new policy states:

1. MCR will send a mid-reporting-year letter that will serve as each facility's notice about timeliness and completeness in reporting. If a facility has not submitted 50% of their cases by January 15, they will have 60 days from the date of the letter to respond and take corrective action.

2. If that deadline is missed, the MCR Operations Manager will send a letter to the supervisor. The facility will be given 30 days from the date of that letter to respond and take corrective action.

3. If there is no response and corrective action after this 90-day period MCR's Operations Director will send a letter to the hospital Administrator/CEO.

As a result of this mid-year review, MCR sent commendation letters to 16 facilities that were above the 50% mark for timeliness and completeness. There were 32 facilities that fell below the 50% standard. Of these 44% were timely in their reporting, meaning they submitted both the first and second quarter of 2010 by January 15, 2011 but the number submitted was significantly less than the expected annual caseload. The other 56% were neither timely nor complete.

We realize it is not always possible to meet MCR deadlines; however, MCR and all other central cancer registries are held to strict deadlines by funding agencies, certifying bodies, etc. Delinquent reporting has a trickle-down effect that may result in less than complete data available to be used at both state and national levels.

Abstracting Tip
When using CS Extension code 730 or 785 for lung primaries, be sure to confirm that the adjacent rib involvement is from direct extension from the primary lung tumor. Discontiguous spread to adjacent ribs is coded under CS Mets at DX. If there is any question as to which type of involvement is present, consult the physician for clarification.

Help on the Horizon for Race and Ethnicity Data Collection
The Joint Commission recently published information about patient-centered communication standards. While most of the standards deal with meeting a patient's cultural needs, it also states the medical record will "contain the patient's race and ethnicity." In recognizing the importance of this information however, the Joint Commission standards "do not specify how to categorize data when collecting race and ethnicity data." According to the Joint Commission, "surveyors began evaluating compliance with these standards in January 2011; however, findings will not affect the accreditation decision until January 1, 2012 at the earliest." For a more complete explanation of the standards, go to the Commission's R3 Report at http://www.jointcommission.org/assets/1/18/R3%20Report%20Issue%201%2020111.PDF. (Note: The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 includes provisions for electronic health records (EHR) that may also impact our ability to collect race data. We will share more about that in the future.)

QA CORNER

Beware of Copy and Paste

The advent of electronic medical records and hospital networks has created an easier flow of information between re-cords and between hospitals. Being able to copy and paste text from a path report or from an abstract done at a sister facility saves many keystrokes for the abstractor. In the future such information may even flow automatically! Yet the watchful eye of the individual abstractor is still needed to:

- clarify why the patient was seen at your facility, which procedures were done at the your facility and where other parts of the diagnosis or treatment took place;

- verify that the entries are accurate and complete;

- remove extraneous information that is not pertinent to the abstract;

- summarize the findings of multiple diagnostic scans or tests;

- complete an abstract that is unique to your facility and, in the case of multiple primaries, unique in reference to primary-specific details; and

- produce a final abstract which you can proudly sign with your initials.

The work you do as an abstractor is very valuable. Thanks for working with us to assure the highest possible quality in Missouri cancer data!

Abstracting Tip

Unknown Primaries -

Always code the grade to 9.

Defensive Abstracting

In this issue, we continue our feature on great text entries by spotlighting the work of a contract abstractor. You can see from this excerpt that her text allows us to verify coding of several important fields. Note the clear statements that the date and place of the diagnostic colonoscopy are unknown; this helps MCR with consolidation of cases.

- Scopes - Approx date 12/1/09: Screening colonoscopy: colon mass at 40 cm from anal verge, adenocarcinoma on biopsy

- Path - 12/15/09 L colon: Adenocarcinoma mod diff, 2.2x2x0.6cm, invades muscularis propria, negative margins, 1/14 nodes pos, preexisting polyp not present

- Surgery - 12/15/09 L hemicolectomy

- Place of Diagnosis – unkn

Required Data Elements List Updated for Cases Diagnosed in 2011

In the last month, we received a final listing of abstract fields that the National Program of Cancer Registries (NPCR) will require us to report for cases diagnosed in 2011. MCR has reviewed those and published on the MCR website (http://mcr.umh.edu/mcr-cancer-reporting-hospital.html) our requirements for facilities reporting to us. As in the past, we have highlighted the changes in bold blue for your convenience. Only the following fields will be **required** by MCR for the first time:

- 2869 CS SSF 15 - required for breast schema (HER2 Summary Result of Testing)

- 2870 CS SSF 16 - required for breast schema (Combinations of ER,PR,HER2 Results)

- 2880 CS SSF 1 - Brain, CNS Other, Intracranial Gland schemas (WHO Grade classification) have been added to the required list.


CS Site Specific Factors that have been required since 2010 continue to be listed in parentheses as required on this table.

Follow-Up Source (1790) will be **required as available** to tell the source of last contact information at the time the abstract is completed or submitted to us. This will help MCR in consolidating cases with conflicting information. Directions for completing the Follow-Up Source Field will be in accordance with national standard setters and will be included in the 2011 MCR Abstract Manual.

Additionally, CS SSF 1-17 and 25 will be **required, as available, for certain sites**. These were difficult to add to our current table, so the table refers you to a supplemental matrix (schema vs. SSF#) that has been added to our website. The items that fall *only* in this category are highlighted in purple on the matrix. If these fields are new to you, look for explanations on the Collaborative Stage website (http://www.cancerstaging.org/cstage/manuals/). You might check with officials at your facility to see if these items are even performed and if so, confirm where the information is documented in your medical record.

Please note, that MCR still requires the fields Institution Referred From (2410) and Institution Referred To (2420) for continuity in consolidating our cases. This is different from FORDS 2011 which now only requires the reporting of NPI numbers for these facilities.

As always, we are glad to help if you have any questions about these new requirements (1-800-392-2829).
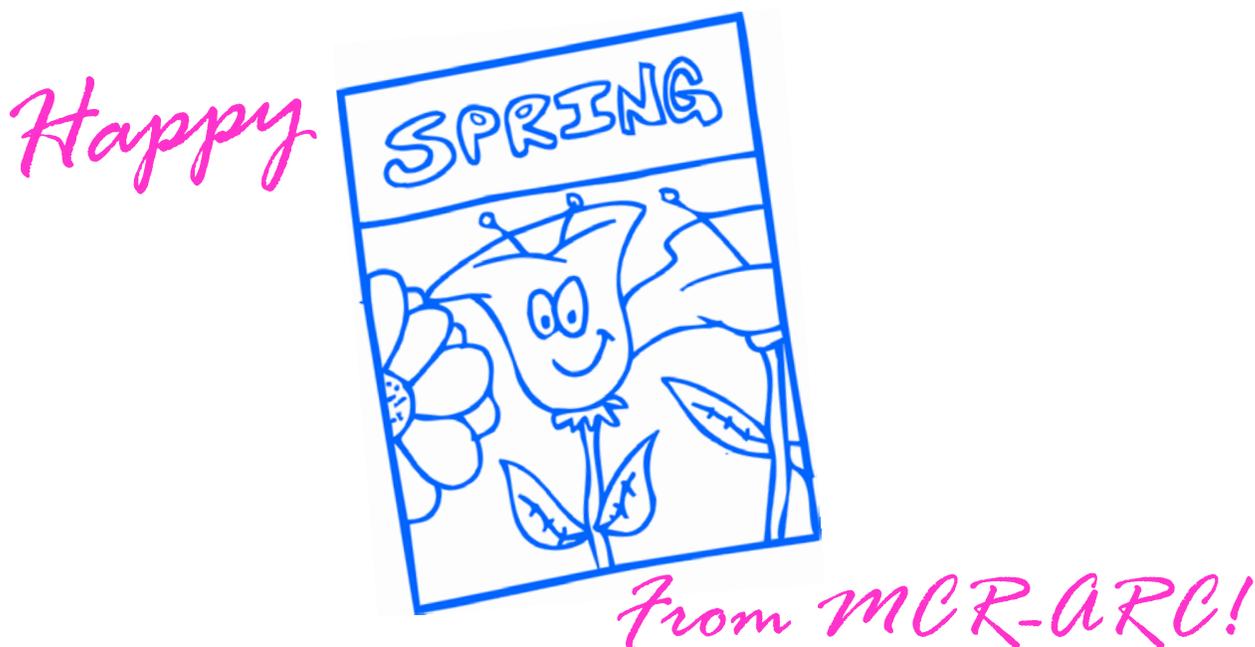
EDUCATION

Spring Training Sessions

Fundamentals of Abstracting workshop is coming up on April 21 and 22, 2011. This free class is geared toward new abstractors who are not familiar with the abstracting process. We use Abstract Plus to work through cases using the *MCR Abstract Code Manual*. If you are not familiar with abstracting and the MCR required fields, this is a great place to start. The class is held at the MCR offices in Columbia. It will start on the afternoon of the 21st and continue all day on the 22nd.

On April 19-20, MoSTRA will be hosting the **Basic Cancer Registry Workshop** at North Kansas City Hospital. This is a 2-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. This provides a general overview of what a cancer registry is and the audience includes RHIT students as well as new registrars.

Contact Hope Morris at 573-882-7775 or morrisho@health.missouri.edu to register for either of these workshops.

Live Meeting – Come Grow with Us!

We've gotten our feet wet now with presenting a few monthly educational seminars via Live Meeting. Access to Live Meeting software is provided to MCR via the CDC and we are very grateful to be able in turn to allow you to register and view our trainings from the comfort of your own desk at no charge. As with any new technology, we are learning as we go and continuously improving our presentation skills. Feedback has been quite positive. We would love to have you join us. If the time is not convenient for you, you can look forward to seeing the recorded sessions posted to our website in the near future. If you haven't yet seen a topic that interests you, send a suggestion to Deb Smith at dssmith@health.missouri.edu and we'll work it into the schedule.

> ### *Did you know...*
>
> Cancer costs are projected to reach at least $158 billion in 2020 – an increase of 26 percent over 2010.
>
> http://costprojections.cancer/gov/

Live Meeting - Next Offering

Do the new 2010 Class of Case codes have you scratching your head? You're in good company! MCR has been taking lots of questions about Class of Case since the new codes were introduced in 2010.

Join Bec Francis on Wednesday, April 13 at 10:00 am for MCR's Live Meeting presentation, "**Class of Case—Not Just a CoC Thing**". Abstracters, registry managers and anyone else wishing to gain a clearer understanding of coding Class of Case and learning about who uses the information and how should consider this session. Objectives of the presentation are:

1. Provide an overview of the Class of Case coding scheme;
2. Answer frequently asked questions; and
3. Furnish the opportunity to practice coding various scenarios through group exercises.

To register for this Live Meeting, contact Hope Morris at morrisho@health.missouri.edu

Updated Missouri Tobacco Quitline Fact Sheet Available

The Missouri Department of Health & Senior Services (DHSS) has updated the Tobacco Quitline Fact Sheet to reflect recent changes in services. The updated Fact Sheet can be accessed through the DHSS Smoking and Tobacco website at http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php#quitline.

> **Abstracting Tip**
> *WHO grade is not recorded for the histology grade. It can be captured in the site specific factor for particular schemas.*

Drug Shortages Disrupting Treatment

Can you imagine being a cancer patient going through chemotherapy and having your oncologist call you and tell you not to come in for your scheduled chemotherapy because they do not have the drug? That has happened in Minnesota and the disruption of treatment may continue nationwide for some time. Some of the chemotherapy drugs currently in shortest supply include bleomycin, cisplatin, etoposide, doxorubicin and leucovorin. The reasons are varied: Issues with manufacturers such as unavailability of raw materials, pharmaceutical company mergers that decrease the number of suppliers, and regulatory issues such as closing of a plant due to a failed FDA inspection, etc. The shortages involve other types of drugs too, such as those used in anesthesiology. The U.S. Senate has gotten involved and is asking the FDA address the long-term challenges. For a complete list of current drug shortages, go to http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm. This site also lists drugs that are to be discontinued and provides answers to frequently asked questions about drug shortages.

How Inactive is your County?

We all know that regular exercise is one of the best ways to protect our health. The Centers for Disease Control (CDC) collected data to show just how active/inactive we are. The least physically active groups live in Kentucky and West Virginia while the most physically active live in Colorado and Wyoming according to new estimates by the CDC. Check out this map to see just where your county falls. http://apps.nccd.cdc.gov/DDT_STRS2/NationalDiabetesPrevalenceEstimates.aspx?mode=PHY

For more information about how healthy Missourians are within our state, look for your county on the DHSS webpage for Community Data Profiles (http://health.mo.gov/data/CommunityDataProfiles/index.html). There are many profiles from which to choose; a good place to start is the first one, a comparative look at health and preventative practices between 2003 and 2007 at the county level.

We Need your Assistance

MCR is updating our list of free-standing radiation therapy centers in Missouri and would like your assistance since names of facilities like this are not readily available in any state-wide listing. We are specifically looking privately-owned rather than hospital or health system-owned freestanding radiation therapy facilities. The facility may be housed on your facility's campus or in a building owned by your facility, but the business itself is not owned by your facility/healthcare system. Please e-mail the names and address of such facilities to Debra Eccleston, ecclestond@health.missouri.edu. Feel free to e-mail Debra as well if you have questions about this request.

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> **Abstracting Tip**
> *Please refer to the Hematopoietic manual in the Hematopoietic database for GRADE for leukemia's & lymphomas.*

2011 Quarterly Calendar

Awareness Months

March

March 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before August 2010

April

April 7
NAACCR Webinar—Collecting Cancer Data: Breast
MCR, Columbia MO

April 11-15
National Cancer Registrar's Week

April 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before September 2010

Monthly or Quarterly Hospital Reporting Deadline (300-500) -
For cases diagnosed on or before Jul/Aug/Sept 2010

April 19-20
Basic Cancer Registry Training
North Kansas City Hospital, North Kansas City MO

April 21-22
Fundamentals of Abstracting
Missouri Cancer Registry, Columbia MO

May

May 5
NAACCR Webinar—Collecting Cancer Data: Prostate
Missouri Cancer Registry, Columbia MO

May 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before October 2010

May 15-18
NCRA 2011 Annual Conference—Orlando/Lake Buena Vista, FL

March – Colorectal Cancer Awareness

April - Cancer Control Month

May - Melanoma/ Skin Cancer Detection and Prevention

CONTEST

Can you guess the number of CTRS

working in Missouri hospitals

as of February 2011?

Send your answer to Shari El Shoubasi,

elshoubasis@health.missouri.edu by April 11th.

Note: Contract CTRs working at Missouri hospitals should be included, however, do not include CTR vacancies. In case there is a tie, please also send the number of non-CTRs who work in Missouri hospitals.   *(All registry staff are eligible to win).*

The Missouri Cancer Registry And Research Center (MCR-ARC), under the direction of Dr. Jeannette Jackson-Thompson, collects and maintains a population-based database of all Missourians diagnosed with cancer. As registry data plays a vital role in the fight against cancer, we would like to say thanks to all Missouri facilities that report cancer cases.

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