

Summer 2009

MISSOURI Cancer Registry Newsletter

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

● ● ● ● ●
N e w s , n e w s a n d m o r e n e w s . . .

Change seems to be the name of the game these days. This issue is jam-packed with information about change – MCR family additions, software and CSV2 updates, as well as reports from three recent cancer registry-related conferences. Because change (especially when there is so much) tends to bring about a certain amount of anxiety for most cancer registrars, we've included excerpts from an article about registrars coping with change, a topic requested by one of our Missouri hospital cancer registrars. It turned out to be such a relevant topic that the author is submitting the article for the winter issue of the NCRA's Journal of Registry Management – so thanks for the suggestion. Just remember, we're all in this together!

MCR Gets the Gold!

Once again, with the help of cancer reporters in Missouri, MCR received NAACCR gold certification. This is the highest level of recognition a central registry can receive. Visit NAACCR's website to see a list of all states as well as the criteria and eligibility standards:



http://www.naacccr.org/index.asp?Col_SectionKey=11&Col_ContentID=54

(Jeannette Jackson-Thompson, MCR Operations Director, front row, seated, seventh from left.)



In this issue...

- MCR Gets the Gold!
- NAACCR Conference Highlights
- CDC Provides Web-based Meeting Software
- Change Management - an article by Annette Hurlbut, IMPAC
- What's New at MCR
- Missouri County-specific Data Available
- 2010 Changes
- Abstract Plus Upgrade for NAACCR 11.3 to be Released Soon
- Reporting Physician-Employee Cases
- Web Plus File Upload Threshold Changed
- 2006 Data Available Online (CINA)
- QA Corner
- NCRA Annual Educational Conference -Sue Vest, CTR
- Death Certificate Followback Update
- Low Volume Facility Update - Brenda Lee, CTR
- 2009 Quarterly Calendar

What's New at MCR

The stork has been busy – we have *three* new babies at MCR: Abraham Zachary, born February 12, 2009 to Iris and Rudy Zachary; Arianna Lenk, daughter of Denise and Aaron Lenk who was adopted in May; and Alexia Winifred Morris, granddaughter of Hope Morris. As you can imagine, MCR staff are doing all they can to spoil these babies!

Reporting Physician - Employee Cases

An increasing number of physicians are choosing to become hospital employees. Did you realize this may add to the number of cases you are required to collect/report? The contracts between physicians and hospitals may contain provisions that state the patients seen by the doctor are the hospital's, not the physician's, and that the records are the hospital's as well. If that is the case, when a hospital-employed physician diagnoses and/or treats cancer, the reporting of these cases is the responsibility of the cancer registry. If you are seeing a trend toward hospital-owned physician practices at your facility, be sure to include those practices in your case-finding process.

Please be aware, however, that it is not clear how certain fields for these cases should be coded, such as class of case, etc. Current guidelines do not clearly address the issues. MCR staff will continue to research this topic so that we can provide helpful coding guidelines



Arianna Lenk, daughter of proud parents, Denise and Aaron Lenk.

NCRA Annual Educational Conference from a Central Registry Point of View – Sue Vest, CTR

Three MCR staff (Jeannette Jackson-Thompson, Debra Douglas and Sue Vest) attended the 35th Annual Educational Conference in New Orleans on May 31-June 3, 2009. Dr. Jackson-Thompson also attended the International Association of Cancer Registries (IACR) meeting that immediately followed the NCRA meeting. She exhibited a poster (co-authored by Iris Zachary) at the IACR meeting illustrating how changes in data collection affect data quality.

The NCRA theme was “Transforming & Rebuilding - Working together towards global change.” This was appropriate considering the upcoming 2010 changes and the overlap with the international meeting. Another international aspect was three presentations by staff from Australian registries. I was unable to attend these sessions due to another meeting, but I am sure we will hear about these presentations at the MoSTRA meeting.

The 2010 changes were presented, discussed, examined, and yet, I believe we all still have lots of questions regarding how the changes will affect our registries. The comments I heard from hospital registrars were mostly positive. They were glad to have a way to collect HER2 and other Site Specific Factors that they had previously captured in text. Central registry staff were less positive because of the educational challenges, possible increase in data review, lack of knowledge regarding the final requirements and the size of the new NAACCR layout. (NOTE: We learned at NAACCR that the AJCC 7th Edition would not be published until September or later, however the implementation date is still January 1, 2010.)

Another recurring theme was why the changes were needed and the importance of the role of the registrar. Dr. Carolyn Compton presented “The Future of Staging: AJCC 7th Edition Cancer Staging Manual.” Per Dr. Compton, the primary goals of the revisions are to improve clinical utility and maintain a system that meets population needs. She said that registrars are the foundation and that quality data is essential. Dr. Compton was very complimentary of registrars and gave us all a “Thank You” at the end.

Other plenary presentations covered CSv2, hematopoietic abstracting and coding (including the new hematopoietic database), new SSFs and why they are needed, CoC standards, NCCN guidelines, the cyber cancer registry, medical informatics, workload management survey results, etc.... Overall, I brought back a lot of information. Now, I just need to review my notes and put that information to use.

Call 800-392-2829 for answers to your abstracting questions. The phone line is answered by CTRs from 7 am – 3 pm weekdays.

NAACCR Conference Highlights

Just what takes place at the annual NAACCR meetings? Central registries from all over North America (and a few other countries) come together to share experiences and knowledge about an assortment of relevant topics. Here are examples of two topics MCR staff learned about at the June conference:

- After severe budget cuts, the Los Angeles Cancer Surveillance Program developed a plan to monitor key registry functions which included prioritizing activities and measuring costs. MCR will be reviewing LA's plan to see if it can be adapted in Missouri.
- A Texas pathologist discussed opportunities and obstacles to implementation of CAP electronic checklists. In a pilot project, his hospital found the use of electronic checklists unfavorably affected pathologist performance and lab work flow. The physician also discussed what he called the "21st century view" of pathology reports: they are important not only to patients and physicians but are also vital to public health. (In Missouri, many pathologists in private laboratories are unaware their information is collected for use in reporting incidence cases.)

Missouri County-specific Data Available at the Click of Your Mouse!!!

One of MCR's projects this year was to develop a way to provide county-level data on our web site. After MANY hours of hard work, this became a reality recently. The site (<http://mcr.umh.edu/mcr-county-level-data.html>) provides a printable page containing the top ten cancer sites for each county (all sexes, male and female). You might share this information with your physicians at your next Tumor Board. Thanks to Mary Jane King, graduate student Chester Schmaltz, Shari El-Shoubasi and Alena Headd for making this a reality.

Web Plus File Upload Threshold Changed to Allow Fewer Errors

We've been using Web Plus for file uploading successfully since July 2007. Originally all error thresholds were set at 100% to allow users to become familiar with the system. In late 2008 we reset the error threshold to 75% and we will change the threshold to 50% by August 1st. We have moved slower on this than we first stated. In fact, in December 2007 we announced via e-mail the threshold would be reduced to either 0% or 25% by June 2008.

We realize reducing the threshold results in an increased number of rejected files for some facilities. However, it also results in higher quality data for both the central registry and hospital registries. As cancer registrars, that is what we all want - quality data that will benefit Missouri's residents.

Please note: We will not change thresholds that are already set to less than 50%.

Death Certificate Follow-back Update

As sometimes happens, we've not been able to process the death certificate (DC) file as quickly as hoped; however, we have begun to load the individual hospital electronic DC files into Web Plus. This year we are including low volume hospitals as well, so we have eliminated all paper follow-back to hospitals for the DC process. Directions are available on our website as well as in a previous e-mail notifying facilities of the start date. We realize there may still be a few kinks in the process, so please don't hesitate to contact us if you have questions.

Timeliness Reminder

All 2008 hospital cases should have been submitted. If you have not yet submitted these cases, please e-mail Sue Vest right away at: vests@health.missouri.edu

CDC Provides Web-based Meeting Software

We have been testing an online meeting service, Live Meeting, provided to central registries at no charge through the CDC's National Program of Cancer Registries. With the use of this service we will be able to connect with reporting facilities to provide trainings, discuss audit issues, etc. First up will be a demonstration of the Web Plus death certificate process for low volume facilities, since they have not previously used Web Plus. We are very excited about this valuable tool and wish to acknowledge the CDC's continuing support of state central cancer registries.

2010 Changes

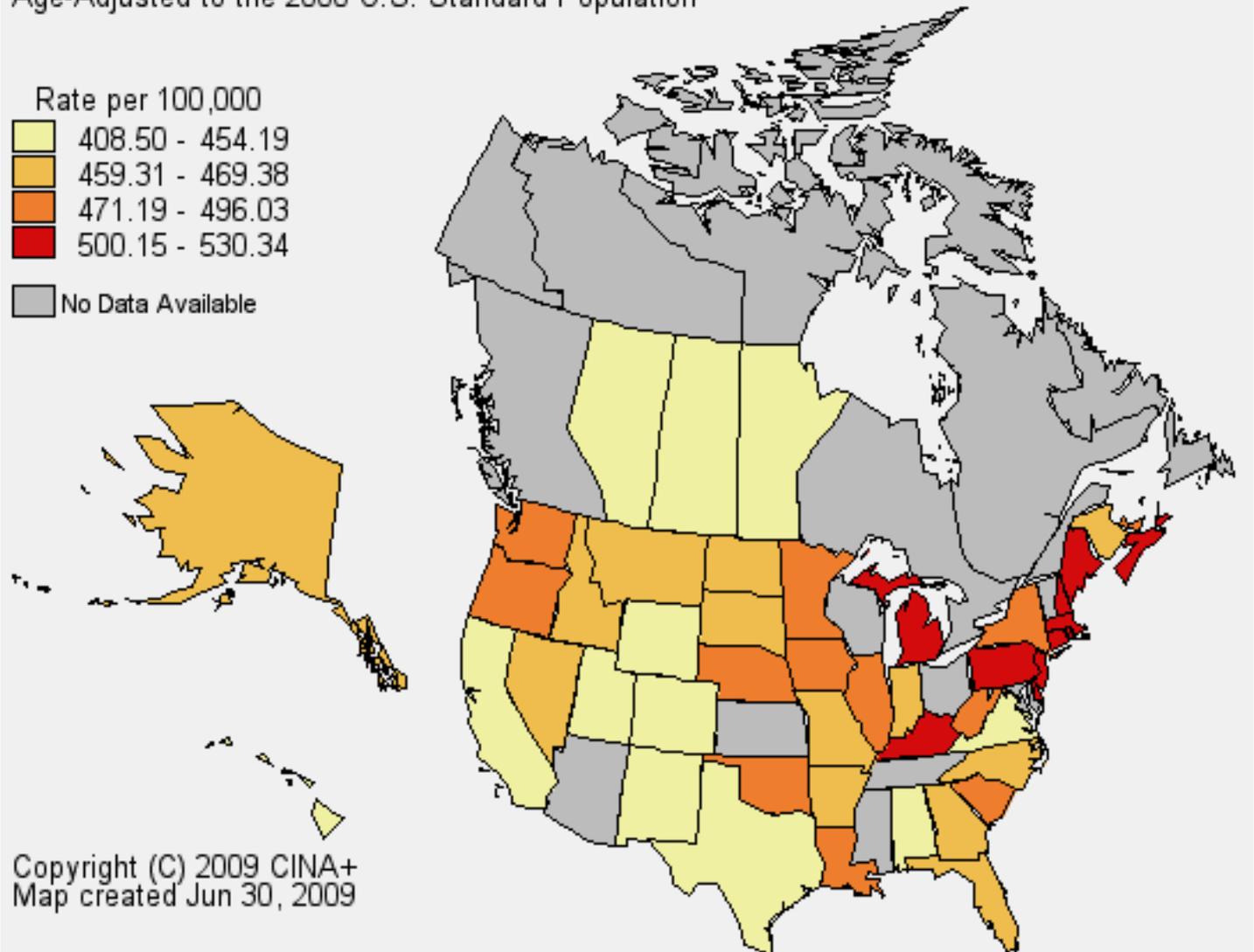
Several MCR staff are participating in train-the-trainer sessions on these important topics, including Deb Smith, Louanne Currance and Bec Francis. MCR will share more information about the changes and upcoming training sessions in the next couple of months.

2006 Data Now Available at Cancer in North America (CINA) Online

This publicly-available data source provides access to incident data on all NAACCR major and minor cancer sites for North America, the United States and Canada, with individual state- or province-specific data available. The site includes an interactive interface to generate customized maps and graphs that can be copied and pasted right into your presentations and documents. This might be something your physicians would like to check out too! <http://www.cancer-rates.info/naaccr/>

Age-Adjusted Invasive Cancer Incidence Rates in North America All Sites, 2002-2006 By State/Province

Age-Adjusted to the 2000 U.S. Standard Population



Source: Data as of June 2009 reported by NAACCR as meeting high quality standards for 2002-2006 and include data from state and provincial cancer registries participating in SEER, NPCR, or both, in the US and the Canadian Cancer Registry in Canada. To account for population anomalies caused by Hurricane Katrina in 2005, statistics exclude data for AL, LA and TX from July 2005 through December 2005.

Low Volume Facility Update – Brenda Lee, CTR

Congratulations and thanks to all who submit charts in a timely manner. I am happy to report that only 8 out of 52 Low Volume Facilities (LVFs) have not submitted their 2008 charts. I know that case finding and reporting cancer cases are extra duties for many of you, but each of your cases combined with all of the other cases we receive helps MCR create the total picture of cancer in Missouri. Without your facility's cases Missouri's data would be incomplete. Our data is used in many ways, including identifying trends in specific cancers, determining public health policy for Missourians and even in cancer inquiries (reports of excess cancer). The point is — your job is very important! You are part of a huge effort to provide Missourians with the best possible cancer incidence data!!!

Web Plus contact forms: Thanks to those who have submitted. If you've not sent the form please do so ASAP. You will find a copy on MCR's web site. A Web Plus account is required for death clearance processing (see below).

New death clearance (DC) process: This year ALL Missouri hospitals will receive death clearance requests via Web Plus. We are sending reporting forms electronically for individual patients. After you've reviewed the medical record, you will complete the form, and then release it back to MCR.

HIPAA reminder: Please check with your facility's HIPAA coordinator/compliance officer to ensure you are in compliance. If you are not keeping a listing of charts sent to MCR, you may need to do so.

Tumor registrar certification: Did you know that cancer registrars can be certified? Learn more about becoming a cancer registrar at the Missouri State Tumor Registrar Association (MoSTRA) annual meeting in Columbia, MO on September 23 – 25. There will be a break-out session just for basic cancer registry training. Join MoSTRA for only \$25.00 to get a better conference rate and free e-mail newsletters.

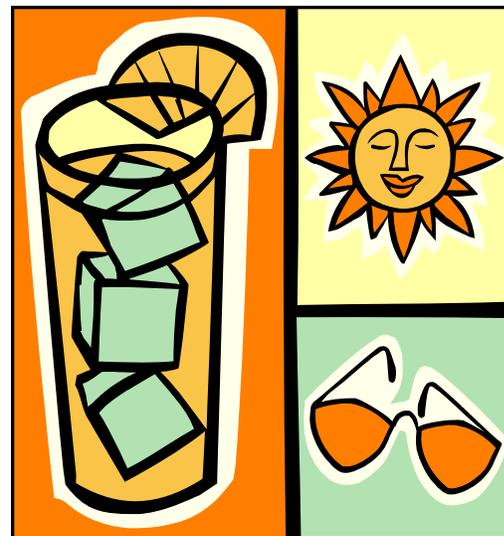
Hospital software: MCR is interested in what medical record software your facility uses. We have had issues with a few facilities in providing a Medical Record Disease Index (MRDI). It seems that some software offers more flexibility than others. Please send me an e-mail with this information.

Case finding tips: We are still receiving charts for conditions that you DO NOT NEED TO REPORT, such as:

- Basal and squamous cell cancer of skin
- Patient already reported by your facility for this cancer
- History of cancer, patient not diagnosed or treated at this time of admission
- Dysplasia of cervix, CIN III

By eliminating the sending of not-reportable cases you will increase your time for other duties, while reducing your hospital's cancer-reporting expenses.

Future training sessions: The CDC is providing central registries with access to Live Meeting, a web-based training program. We intend to provide mandatory sessions for LVFs at least once a year. One of the first trainings will be on Casefinding. More to come.... Please feel free to contact me about any of these items or to make suggestions for items to include in future newsletters.



Annual MoSTRA Meeting

Be sure to mark your calendars for the Missouri State Tumor Registrar Association annual meeting: September 23 – 25th in Columbia. Conference brochures will be mailed to all MoSTRA members. Interested non-members may contact Jeanie Shaneberger, jms9587@bjc.org or 573-815-3821.

Change Management: A Must-Have in Place for 2010 Implementation

Annette Hurlbut, RHIT, CTR — Address correspondence to Annette Hurlbut, RHIT, CTR; IMPAC Medical Systems, Fulton, NY. E-mail: ahurlbut@impac.com

Introduction: Change is inevitable. A registrar must be responsive to constantly changing registry staff, facility, state/central registry, and standard setter demands while keeping projects on track. Since we cannot fight change, let's embrace it in our registries!

Challenge of Change: Change is uncomfortable and the discomfort comes in the form of having to unlearn what was once routinely performed or known. Some responses to even the idea of change are irrational and based on fear. Change sometimes induces frustration and anger especially when communication and preparation disrupt known and accepted practices. Comfort comes from doing things the same way every time, but so does boredom and being passed over for knowledge of new technology. Human nature wants things at status quo but status quo is unacceptable in this day and age. Change management must address attitude and emotion.

Be empowered by change and not thrown into crisis -

- Danger exists in the unknown
- Opportunity abounds with knowledge

Why all the Changes? It's the "continuing investigation of cancer" and the more we learn, the more we need to change as well as the increased need and desire to standardize health care by our legislature.

Change is **introduced** by:

- National Health care initiatives
- Economics of healthcare
- Standard setters requirements
 - NPCR; ACOS CoC; SEER, AJCC

Change is **influenced** by Y-O-U (affecting your mental and physical health), registry personnel (and personalities), and hardware and software requirements. Change is introduced by the cancer program and administration, the state/central registry, standard setters (ACoS CoC, AJCC, SEER, NPCR, NAACCR), and those clarifications, and replacement pages, replaced with downloadable manuals and annotable pages.

Personal Reactions: When it comes to the changes in standards for reportability and data collection beginning with cases diagnosed 01/01/2010, where are you and your registry? Do you see the "headlights in the tunnel?" Is the future coming at you faster and faster? You may still be contending with the education of the multiple primary/histology rules and the backlog that change produced.

Accept Change: The older we become the harder it is to accept/understand change and adapt to a new way of doing something. There's the fear that we will have to do more. Burnout is possible unless we ask ourselves "why do we do what we do?" What is our individual motivation? Remembering that change, even in the worst circumstances, almost always results in positive change. Coping with change is all about emotions, regardless of whether change is internal or external. Not one of us wants to admit we are aging every single day. We all have differing levels of tolerance that often change as we age. At the same time, you may notice a lack of staff motivation or perhaps stress-induced friction between staff members as some really understand what is coming, and others have a harder time.

Recognize/Understand Change: We have an obligation to question when the change requirements are unclear. This can come from within your registry and be directed to the standard setters. Standard setters implement change only after research, review, and impact is determined as part of the implementation.

NAACCR's 2010 Implementation Guideline at the time of this writing is working through Committee review and will be evidence that reviews have taken place. Your registry should do its own review as it applies to your situation.

Clarifications and errata come out of registrars communicating with standard setters, submitting questions where clarifications are needed, or identifying discrepancies where errata are found. If the change or reason for the change doesn't make sense or if we don't see the direction we are headed in, we may not see how the change will work.

Stabilize change with steady transition for the registry, review progress, and follow through until the change has become

(Change Management: continued from previous page)

the new standard. Be flexible if met with negative results. Most importantly, if what you're doing isn't working, you **will need** to *change* SOMETHING!

Understand Personal Reaction/Cope: Make a list of symptoms you exhibit when you hit overload. Acknowledge that change takes a toll. Practice successful stress reducers, exercise, breathing techniques, yoga/meditation, and positive staff meetings for personal growth. You know when it's time to unwind; take a walk or talk to others in the same situation. Managers should also make a list of symptoms that staff members may exhibit. Start as soon as change is announced, and share information quickly with staff so that the impact of the change can be identified, discussed, and brainstormed early.

- Provide a practical approach for a positive outcome
- Don't fight change
 - Participate from the inception
 - Embrace change

Research, Review, and Determine Impact: Analyze and identify the potential impact of the change on data collection and reportability, productivity, staffing education and coverage, and associated costs such as hardware and staffing. Discuss the potential trends for increased/decreased productivity over time. The end goal is to see overall benefits. Be aware of the sources of registry changes, and if you cannot personally keep up with all the reading, make sure that there is a designated staff member to do this for the registry. Some find it useful to prepare a "change toolkit."

Encourage participation of everyone in the department in the change process. However, as a manager, look to your Human Resource department or Wellness Programs for programs on change and/or stress management that may help staff be healthy adapting to the changes that will be encouraged. Be alert to the senses for the symptoms of change and address with appropriate outlets.

Recognize and Adapt for Change Must Come: From this reading forward, if you are not already, be sure you are reviewing standard setter and software vendor reference materials, including releases, updates to materials, monthly mailings, and Web site postings.

Who better to tackle this data management than registrars!

Excerpted with permission from the author. The complete article will appear in the winter issue of NCRA's Journal of Registry Management. For a preview copy, e-mail elshoubasis@health.missouri.edu.

Abstract Plus Upgrade for NAACCR 11.3 to be Released Soon

More great changes to the CDC's software for small hospitals – improved menus and screen options, expanded exporting and printing options, added site-specific Collaborative Staging (CS) and surgery code look-ups and more. Be on the lookout for an e-mail notification from MCR when the new version will be available for automatic upgrade.

Registry Plus Online Help (RPOH) Available

Tired of lugging around those huge manuals? Download RPOH to your desktop; it includes the revised 2009 FORDS, the Collaborative Staging Manual and Coding Instructions, the Multiple Primary and Histology Coding Rules, as well as ICD-O-3 morphology numerical listings. Directions for installing or upgrading:

http://www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm

QA Corner

Here are a few reminders and tips to keep in mind when you are abstracting:

- Please double check after keying in *date of birth* or *social security number* to make sure the numbers are in the correct sequence. It is surprising how often numbers are reversed.
- Text is required for all tumor data, procedures and treatment, including dates.
- Please note in text: age, sex and race of patient. This provides us with vital information when two sources send in conflicting information for these fields or when we are reviewing first name and gender. It saves MCR staff from making telephone calls to hospital registrars and hospital registrars from having to look-up cases.
- Please use the *staging text* field to justify staging codes. Do not enter the physician's name who staged the case or state the "staging form is in the chart." Sometimes hospital registrars forget their text information is for MCR too. Even though you may want to know which physician staged the case, it does not help MCR QA staff when they are trying to determine if the staging was done correctly.
- Data items *Personal Hx* (1 & 2) and *Year* (1 & 2) must be completed if the *Sequence Number* is not equal to '00' or '60.' All software vendors should include these fields in their application and report these fields to MCR. The Missouri-specific edit metafile has an edit for these data items.
- For prostate cases, the terms "clinically apparent" and "inapparent" create confusion:
 - With "PSA stated to be elevated" or "T1c admitted for biopsy only", code CS extension to 15 (clinically inapparent).
 - Codes 10-15: CODES 10 to 15 are used only for clinically **inapparent** tumor not palpable or visible by imaging and incidentally found microscopic carcinoma (latent, occult) in one or both lobes. Within this range, give priority to codes 13-15 over code 10. When tumor is found in one lobe, both lobes or in prostatic apex by needle biopsy but is not palpable or visible by imaging, use code 15 (CS guidelines).
 - Do not use biopsy information for CS extension codes 20 – 24. To use those codes, **there must be supporting text of a clinically apparent tumor or T2 documented by the physician or radiographical evidence.**
 - Codes 20 to 24 are used only for clinically/radiographically **apparent** tumor, i.e., that which is palpable or visible by imaging. To decide among codes 20-24, use only physical exam or imaging information, not biopsy information. Codes 21 and 22 have precedence over code 20. Code 20 has precedence over code 24. Use code 24 if the physician assigns cT2 without a subcategory of a, b, or c (CS guidelines).
 - When there is no physician documentation of clinical stage, use code 30, "not stated if clinically apparent or inapparent."
- For brain cases, code excision of the tumor mass and gross total resection to 20. Code partial resection of a lobe to 40. Code 55 is used only for resection of an entire lobe (see I&R 26056).
- Review breast histology rules, especially H3, in regards to coding comedocarcinoma.
- Code papillary carcinoma of the thyroid to 8260/3.
- TURP or TURB CS Evaluation code should be 1.
 - Note 4: According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is recorded as CS TS/Ext-Eval "1" (c) (CS Manual).
- Review the coding rules for "Scope of Regional Lymph Node Surgery" and for "Regional Nodes Examined" and "Regional Nodes Positive." FNA and core needle biopsy of lymph nodes are coded as **treatment** under "Scope of Regional Node Surgery." FORDS provides the following instructions:
 - Record surgical procedures which aspirate, biopsy, or remove regional lymph nodes in an effort to diagnose or stage disease in this data item.



2009 Quarterly Calendar

Awareness Months

August

August 15

Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before January 2009

September – Prostate Cancer Awareness

October — Breast Cancer Awareness

Sept.

September 15

Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before February 2009

September 23-25

MoSTRA 2009 Annual Meeting—Holiday Inn Select, Columbia MO

October

October 15

Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before March 2009

Monthly or Quarterly Hospital Reporting Deadline (300-500) -
For cases diagnosed on or before Jan/Feb/March 2009

Happy



From MCR!

The Missouri Cancer Registry (MCR), 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.

Contact Us

Missouri Cancer Registry
PO Box 718
Columbia, MO 65205-07981

Main office: 573-882-7775
Hospital reporting: 1-800-392-2829
Non-hospital reporting: 1-866-240-8809
Fax: 573-884-9655
Website: <http://mcr.umh.edu>

MCR Administration

- Jeannette Jackson-Thompson, MSPH, PhD
Operations Director
- Sue Vest, BS, CTR
Project Manager
- Nancy Cole, BS, CTR
Assistant Project Manager
- Mary Jane King, BS
Surveillance, Special Projects & Data Utilization Mgr.

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) (#U58/DP000820-03) and a Surveillance Contract between DHSS and the University of Missouri.