OCCR NEWSFLASH

October, 2013 Fall Edition

OKLAHOMA STATE DEPARTMENT OF HEALTH

2014 NPCR-CSS Call for Data Submission

Paula Marshall, BBA, CTR

Each year the Oklahoma Central Cancer Registry (OCCR) submits a cumulative data set containing all de-duplicated cancer incidence case records to the North American Association of Central Cancer Registries (NAACCR) and to the National Program of Cancer Registries (NPCR). All NPCR-funded central registries are required to report cancer cases diagnosed in all residents of Oklahoma beginning with our reference year 1997 through December 31, 2011, to be submitted no later than December 2, 2013. During the same submission we will also include our 12-month data submission of cases diagnosed in 2012. This year's submission will be close to 300,000 cases covering sixteen years of data.

Data will be used for cancer statistics, surveillance and research projects and activities. In addition, the data will provide: (1) greater access to cancer data for the public, scientists and policymakers; (2) more accurate and more stable estimates of cancer incidence for population groups, including racial and ethnic minorities, medically underserved groups and the other subpopulations; and (3) information for regional and national analyses to more accurately identify geographic variability in cancer treatment practices as a means to assess use of state-of-the-art cancer treatments.

We, as cancer registrars, must always remember that our focus is far greater than just collecting and documenting data. Every registrar should have a feeling of pride because we are improving outcomes for the cancer patients and providing the data that will fuel the research to help find cures now and in the future. Without you and the data, we could not provide good quality data on a national level to be used in research, surveillance and survival analysis. The OCCR thanks you for your dedication and hard work as well as the role you play in our call for data submission each year.

OCRA Fall Education Conference

Leslie Dill

The Oklahoma Cancer Registrars Association Fall Education Conference is right around the corner, October 17-18. Integris Cancer Institute will be hosting the event, with ten plus speakers on the agenda, the opportunity to network and a fabulous raffle to wrap things up on Friday afternoon.

Click here to see more conference details on the OCRA webpage. The deadline for registration is October 4, so don't delay. OCCR hopes to see you there!

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OCCR Advisory Committee Established in 2013

Jessica Taylor

One of the OCCR's goals for 2013 was to establish and convene an Advisory Committee. The purposes of the advisory committee include improving the use of registry data, assisting in the development of effective partnerships and increasing awareness of registry activities within communities across the state. The OCCR staff identified individuals who represented a wide range of specialties and could contribute experience and knowledge as committee members. The OCCR Advisory Committee consists of 8 members including a radiation oncologist, clinical lab director, gynecologic oncologist, urologist, pathologist, Health Information Management (HIM) director, cancer disparities director and a cancer center wellness director. The role of the members is to be advocates for the OCCR and influence the direction of the OCCR. Quarterly meetings will be held and the first two meetings convened on March 15, 2013 and June 26, 2013. The OCCR staff looks forward to collaborating with the Advisory Committee to identify ways that registry data can be valuable to the community in order to create a public demand. The OCCR would also like to encourage feedback from you as well. If you have ideas or suggestions of how to increase awareness of the registry and/or create public demand for registry data, please email Jessica Taylor at jessicat@health.ok.gov.

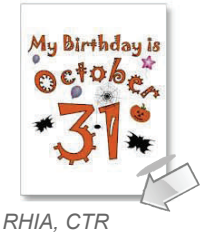
NPCR-CDC Site Visit

Paula Marshall, BBA, CTR

The National Program of Cancer Registries conducted a one-day site visit with the Oklahoma Central Cancer Registry on August 13th, 2013. The primary purpose of the site visit was to assess the Oklahoma Central Cancer Registry's progress toward enhancing a statewide, population-based central cancer registry and to provide technical assistance and consultation for specific program requirements set forth by the National Program for Cancer Registries (NPCR). The site visit also served to increase understanding of the OCCR and its progress, successes, challenges and context.

During the site visit, program gaps and barriers that impede progress were identified and discussed. The OCCR program policies and procedures were reviewed and discussed as well. The main focus for discussion were areas of education and training strategies, quality assurance activities, use of and/or participation in data utilization, collaborative relationships, and advanced activities. Following the site visit, the OCCR received a site visit report that highlighted the main points of the visit, provided recommendations and support for continued success of our program's mission.

WWYD?



Amanda E. Moran, RHIA, CTR

If you were faced with this situation, what would you do:

Your abstract shows a patient was biopsied and the pathology was reported positive for malignancy. However, upon discharge (one week after the biopsy results were reported), the patient's physician listed the patient as ***not*** having cancer. The patient never returned to your facility. To abstract or not…do you go with the pathology or with the managing physician's statement?

In this case, go to FORDs, Section 2, Coding Instructions, and Diagnostic Confirmation. Here, you will find in priority order, the codes that can be used to confirm a diagnosis of cancer. Code 1 is used for positive histology of a path specimen. Since the cancer diagnosis was pathologically confirmed, the case needs to be abstracted even though the physician stated otherwise.

FREE Registry Education on the Web

Delores Greene, CTR

Attention: Cyberspace Travelers!

Over the years, cyberspace travels have become common place. You can find almost anything on the World Wide Web. Educational opportunities have been migrating into cyberspace. As the cancer registry world evolves, our manuals have moved from paper / hands-on to residing in cyberspace. Likewise, many of the educational opportunities for new and seasoned registrars reside there too. In my travels, I have found several educational stopping points of interest. All are FREE and some even give CEU's for participating. Start your computers, turn on the cruise control and head straight to FREE educational portals. Enjoy the ride.

SEER Training Modules can be found at http://training.seer.cancer.gov/. There are 16 Site-Specific Modules which cover the different systems and organs within the body. They introduce basic information about the anatomy of each site and the different types of cancer, treatments and survival rates. The modules give you the information needed to abstract, code and stage site-specific cancers. You can access these from work or home. Self instructional manuals may be downloaded individually (free of charge) at http://www.seer.cancer.gov/training/manuals/.

SEER also offers free online training for the Hematopoietic diseases. This training can be accessed at http://seer.cancer.gov/tools/heme/training/. These modules are highly recommended since all Hematopoietic Disease must be coded using the Hematopoietic Database/MP/H Manual. *Do not use the Purple ICD-O Third Edition to code these cases 2010 forward.* NCRA has approved these presentations for CEU's. To save a shortcut to your desktop, go to http://seer.cancer.gov/tools/heme/, scroll down and click on 2012 Hematopoietic & Lymphoid Database and Manual. Once it opens, right click anywhere on the screen and send to your desktop or favorites.

Cyber Cancer Registry can be found at http://www.cdc.gov/cancer/npcr/training/ccr.htm. The Cyber Cancer Registry is an interactive tool developed by CDC's National Program of Cancer Registries (NPCR). The Cyber Cancer Registry module addresses casefinding in a virtual hospital setting, and shows sources that include pathology reports, medical records disease indices, medical discharge logs, radiation oncology logs and medical oncology logs. There is also a presentation on brain tumor reporting. The training materials cover data collection from benign borderline and malignant central nervous system tumors. A slide presentation developed by NAACCR is also available.

Steve Peace, BS, CTR, FCDS Manager of Quality Control and Education for Florida, has given permission to Oklahoma cancer reporters, allowing utilization of Florida's training web site. This can be accessed at http://fcds.med.miami.edu/inc/teleconferences.shtml#y2013. Any of the Florida Cancer Data Systems (FCDS) educational materials are free and available 24/7. To receive CEU's you must register in advance in order to receive an individual code which will be used to access the webinar. An e-mail will be generated once the system recognizes your sign in code. This e-mail is your Attestation for Attendance. Steve said if you do not receive attendance verification by e-mail you should contact him by e-mail at speace@med.miami.edu. I sincerely appreciate the generosity of Steve Peace and the Florida Cancer Data System for sharing their educational programs with Oklahoma cancer reporters.

Common Coding Pitfalls

Taken from NAACCR Webinar September 5, 2013

Delores Greene, CTR

Coding Primary Site

Question: When you have a squamous cell carcinoma in a lymph node and the primary site is determined to be head and neck, but the specific site is not determined, how would you code the primary site?

Answer: The primary site should be coded C14.8 (overlapping lesion of lip, oral cavity and pharynx). The note in ICD-O-3 states: neoplasms of lip, oral cavity and pharynx whose point of origin cannot be assigned to any of the categories C00 to C145.2, then C14.8 should be assigned. The standard setters agree this is a more specific code.

Question: If you have a cancer arising in the ectopic thyroid tissue found in the oropharynx, how would you code the primary site?

Answer: This would be coded to C10.9 Oropharynx. We are instructed to code where the tumor originated.

Coding Histology

Micropapillary (*for thyroid only*) means papillary portion of tumor is minimal or occult. Micropapillary carcinoma **does not** refer to a specific histologic type.

Coding Grade

In situ lesions are not always graded; code the grade, if specified. Code the grade from the invasive component of tumor, if the tumor is both invasive and in situ. See Page 123 of the FORDS 2013 manual.

Converting terminology to grade code: See the Terminology conversion table on pages 12-13 FORDS 2013. If you have multiple grades for same primary, code the highest grade, even if only a focus. See FORDS 2013 p 123. *Make sure you follow all rules prior to using conversion tables.*

If the patient had neoadjuvant therapy, code the grade from the pathology report *prior* to neoadjuvant treatment. FORDS 2013 p. 79.

Coding Treatment

A patient had a cervix primary with parametrial extension. She underwent bilateral salpingo-oophorectomy (BSO) ONLY. The patient's uterus, including the cervix, was left in place for planned brachytherapy. Pathology showed no malignancy in ovaries or tubes.

Question: What is the code for surgical procedure of primary site?

Answer: Code 00: no surgery of primary site (primary site not removed).

Question: What is the code for Surgical Procedure/Other Site?

Answer: Code 2: Non primary surgical procedure to other regional sites (removed ovaries and tubes).

Taking the CTR Exam Next Year?

Judy Hanna, HT (ASCP)

OCCR has previously provided the NAACCR CTR Exam Prep & Review Webinar Series to anyone planning to take the CTR exam within the following year. OCCR is willing to provide the CTR Exam Prep & Review Webinar Series again, but the series cannot be purchased unless OCCR is contacted with a need of participants for the 2014 exam cycle.

The NAACCR CTR Exam Preparation & Review Webinar Series offers online interactive instruction with live instructors. The course includes nine 2-hour sessions carefully prepared to reflect the changes to the 2014 CTR Exam and a short follow-up post exam session. The webinar series also provides Q&A sessions, study materials, take home quizzes, and a timed practice test. If a participant is unable to attend one of the live sessions, she/he may stream a recording of the live session and watch the session whenever time allows.

Topics covered:
* Introduction to the exam format
* Registry organization and operations
* Data analysis and interpretation
* Concepts of abstracting, coding, & follow-up
* Anatomy and physiology
* Case finding and ascertainment, abstracting & coding principles
* ICD-O-3 Coding
* Multiple primary and histology coding rules
* Hematopoietic and lymphoid neoplasm coding
* AJCC Staging
* Collaborative Stage coding principles
* Timed test; Overview; Test taking tips; Q&A

This is a valuable tool to use in preparing for the CTR exam. If you would like to participate in this webinar series please contact Delores Greene at (405)271-9444 ext 57103 or deloresg@health.ok.gov by December 1, 2013. The CTR Exam Prep & Review Webinar Series will not be purchased unless there are participants enrolled in the series.

The deadline to request this NAACCR webinar series is Dec 1, 2013. Don't miss this opportunity!

Making Things Count

Amanda E. Moran, RHIA, CTR

Biopsies are usually followed by surgery, but occasionally, biopsies actually are considered to be surgery. According to FORD'S (Page 215 FORDS, 5th bullet down), excisional biopsies (those that remove the entire tumor and/or leave only microscopic margins) are to be coded in this item (Surgical Procedure of Primary Sight).

The following biopsies are considered to be **excisional biopsies** and are coded under Surgery of Primary Site instead of Diagnosis/Stage Procedure:

Ex 1: Patient A had biopsy of lesion on right forearm. Grossly, the entire lesion was removed. Path returned melanoma in situ with negative margins.

Ex 2: Patient B has vulvar lump biopsied. Path returns squamous cell carcinoma with microscopic residual at the margin.

2013-2014 NAACCR Cancer Registry & Surveillance Webinar Series

By Leslie Dill

Why spend money unnecessarily? These days, that's usually not an option. OCCR can help. Let us pay the $40 per CEU hour while you take advantage of 12 free live webinars, each carefully designed to meet registrar training needs. This is a value of $1440 ($120 for each 3-hour webinar). OCCR is offering the webinars at two different locations, Oklahoma City and Tulsa. Those held in Oklahoma City will be hosted by OU Medical Center at the Samis Education Center, in Children's Hospital. The address is 1200 Children's Ave. Oklahoma City, OK. In Tulsa, St. John Medical Center will host the webinars at the Mary K. Chapman Health Plaza, 1819 E. 19th St., Tulsa, OK. Each webinar is from 8:00 a.m. - 11:00 a.m.

Check out the schedule below and make plans to attend. Please register ahead of time for the webinars to ensure that the handouts will be emailed to you. You may register by emailing DeloresG@health.ok.gov.

10/3/2013	Collecting Cancer Data: Lip and Oral Cavity
11/7/2013	Collecting Cancer Data: Prostate
12/5/2013	Collecting Cancer Data: Ovary
1/9/2014	Collecting Cancer Data: Gastrointestinal Stromal Tumors (GIST)
2/6/2014	Collecting Cancer Data: Treatment Data
3/6/2014	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/3/2014	Collecting Cancer Data: Melanoma
5/1/2014	Collecting Cancer Data: Colon and Rectum
6/5/2014	Collecting Cancer Data: Liver
7/10/2014	Topics in Survival Data
8/17/2014	Collecting Cancer Data: Lung
9/11/2014	Coding Pitfalls

Case Completeness and Data Quality Audit

Marva Dement, BBA, BS, CTR, Quality Assurance Specialist

As reported previously, OCCR is preparing to launch a Case Completeness and Data Quality Audit beginning in the fall of 2013. The audit will include:

Demographic information
Date of Birth, Race, Sex

Pathology data
Primary site, Laterality, Histology, Behavior, Grade, Date of Diagnosis, Sequence Number, Collaborative Stage Extension, Collaborative Stage Extension, Collaborative Stage Lymph Nodes, Collaborative Stage Metastasis at Diagnosis, Collaborative Stage Site-Specific Factor 1 (Pleura), Collaborative Stage Site-Specific Factor 3 (Prostate), Derived Summary Stage 2000

Treatment data
Date of First Course of Treatment, Surgery of Primary Site, Regional Lymph Node Surgery, Surgery of Other Regional/ Distant Site, Radiation Therapy, Chemotherapy, Hormone Therapy, Biological Response Modifier Therapy, Transplant/ Endocrine Therapy, Other Therapy

Approximately 10% of a facility's caseload will be audited and the top five primary sites will be reviewed. A list of cases to be re-abstracted will be sent to the audited facility at least 30 days prior to the audit. After analysis of the data, a report will be sent to the registrar and to the hospital administrator.

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Creating a State of Health

We're on the web!

http://occr.health.ok.gov

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