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“No Treatment” IS Treatment

By Susan Nagelhout, CTR

As cancer reporters, we are well aware of the importance of coding cancer-directed and palliative treatment in a cancer abstract. We must also remember that coding “no treatment” is just as important. Each cancer abstract tells a story – a cancer patient’s story from diagnosis and staging work-up to treatment and outcome. The fact that a patient does not receive treatment must also be considered when telling the cancer patient’s story.



Facility Oncology Registry Data Standards (FORDS) for 2015 outlines methods for coding no treatment in the cancer abstract. The following data items in *FORDS for 2015* are to be used to document when no treatment is given.

- Rx Summ – Treatment Status, page 210
- Reason for No Surgery of Primary Site, page 236
- Reason for No Radiation, page 259
- Chemotherapy at this Facility, pages 268-269
- Hormone Therapy at this Facility, pages 275-276
- Immunotherapy at this Facility, pages 282-283
- Hematologic Transplant and Endocrine Procedures, pages 284-285
- Other Treatment at This Facility, pages 292-293.

If a decision for no treatment is made at your facility, please abstract the patient’s cancer case. Code the reason for no treatment appropriately. Document in the text that the patient received no treatment and the reason why no treatment was given.

Reporting cancer cases where no treatment is given ensures that the Oklahoma Central Cancer Registry (OCCR) receives ALL reportable cancer cases. Reporting these cases may also help in clearing Death Certificate Only (DCO) cases.

If you have questions contact Susan Nagelhout at SusanN@health.ok.gov.

OCRA Fall Conference

Time is running out! Register today for the Oklahoma Cancer Registrars Association Fall Conference, October 29-30, 2015, at the Embassy Suites OKC Downtown/Medical Center in Oklahoma City.

For more information on speakers, CEU’s offered, hotel and conference registration, the brochure can be viewed on the OCRA website, <http://ocra-ok.org>.

Don’t miss this 2-day educational opportunity. It’s sure to be good!

Facility Spotlight: Mercy Hospital Ada

By Marva Dement, BBA, BS, CTR

This quarter the OCCR shines the spotlight on Mercy Hospital Ada.

Mercy Hospital Ada has four Medical Oncologists; L. Michael Bowen, MD, Todd Kliewer, MD, David Lam, MD and Bashar Alasad, MD. They have two Radiation Oncologists; Marianne Young, MD and Clinton Medbery, MD. In addition to physicians they employ four full-time oncology nurses (one OCN certified), along with one part-time and one PRN nurse, a secretary and a financial counselor. Their services include; PET CT Scan, Digital Mammography, CT-Guided Biopsy, Stereotactic Breast Biopsy, Comprehensive Medical and Radiation Oncology. The Elekta Synergy linear accelerator provides modulated radiation therapy to allow maximum treatment of tumors with precision. Chemotherapy is administered by chemotherapy-certified nurses using NCCN approved protocols. Last but not least is the cancer registry staff:

Lindsay Snow - Lindsay graduated from East Central University in 1998 with a Bachelor of Science in the Health Information Management program and passed her Registered Health Information Administrator exam in October 1998. She was employed by Methodist Hospital of Dallas for two years before moving back to Ada and working at Rolling Hills Hospital for two years. In June 2002, Lindsay began her employment at Mercy Hospital Ada and passed her CTR exam in 2005. Since then she has had four successful Commission on Cancer surveys. She has one niece who is a college freshman, a nephew who is a college sophomore and a 10 month old nephew that she reports is “adorable”. She is the mother of two 13 year old Yorkies that she dearly loves.

Angela Richard – Angela has worked in the cancer registry department for 11 ½ years. She is a wife, a mother to two sons and has been blessed with five beautiful granddaughters. She is employed full-time and is a part-time student experiencing college for the first time. Her plans for the future include obtaining an Associate’s Degree and becoming a Certified Tumor Registrar.

Shelley Sanford – Shelley is a 1988 graduate of East Central University with a Bachelor’s Degree in Health Information Management. After graduation she became a Coder/Utilization Management Technician at Presbyterian Hospital in Oklahoma City. She became a Registered Records Administrator (now RHIA) in October 1988. She worked for Shawnee Regional Hospital in Quality Management before beginning her career in cancer registry at Valley View Regional Hospital in Ada in January 1990. She has worked for Valley View (now Mercy Hospital Ada) for 25 years, not always in the registry but directly associated with it. Shelley has a 20 year old daughter who is a junior at East Central University and is a member of the “Pride of Tigerland Marching Band”. Her son is a 16 year old sophomore at Byng High School who is also in the band and plays basketball. She is also the mother to five rescue animals; four cats and a new puppy.

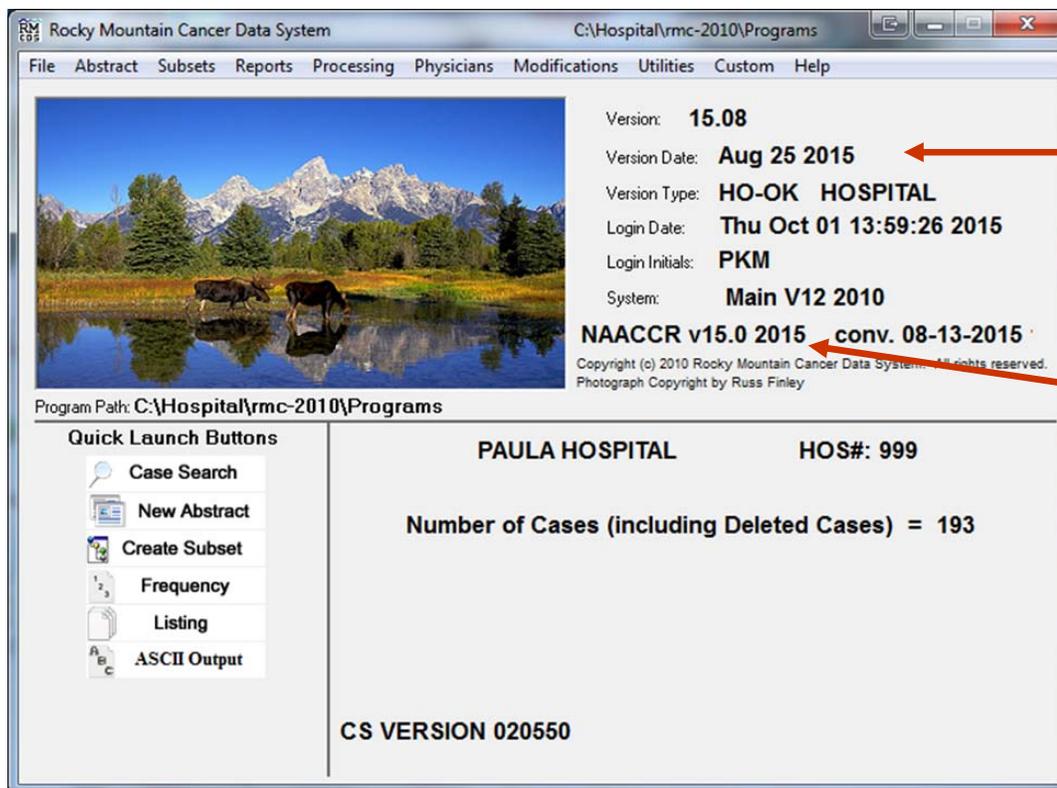
This year they celebrate 45 years of Commission on Cancer accreditation with the first being in 1970. In June 2015 they were reaccredited for three more years. Congratulations Lindsay, Angela, Shelley and the rest of your team!



Attention RMCDS Users

By Paula Marshall, BBA, CTR

All RMCDS systems should currently be either in NAACCR version 14 or NAACCR version 15. You can locate the current version of the RMCDS system by looking on the main screen.



Please contact me immediately if your RMCDS system is not in NAACCR version 14 or 15 and I will assist you with the conversion. It is also recommended to run program updates at least monthly. The Version Date (see above) indicates the date that your system was last updated. If you need instructions for running updates to the programs, please contact at PaulaM@health.ok.gov.

ICD-O Manual Online

By Kaela Barger, RHIA

The morphological and topographical codes of the ICD-O manual are now available in an online database through the International Agency for Research on Cancer website. Much like the SEER hematopoietic database, the online ICD-O manual is user friendly, contains multiple versions and has convenient links to additional information.

The most useful attribute is the search box, which has replaced the alphabetic index of the printed manual. This new tool allows the user to search for any term, partial term or number within the manual. Searches can be done with or without a wild car symbol (*). Links from the resulting terms will provide further definitions, including synonyms and related terms. Tumor topographies can be selected to acquire a list of correlating histologies. In the same way, morphology codes can be selected to obtain a list of synonyms and how that tumor is defined according to its usual sites.

You can find the ICD-O online database at the following link:

<http://codes.iarc.fr/home>





OCCR Conversion to NAACCR v15

By Paula Marshall, BBA, CTR

The OCCR database has been converted to NAACCR version 15. We are accepting data submission files in version 15 format, however, we will continue to accept version 14. You must convert your data system to version 15 before you start abstracting 2015 cases.

Please note that the Web Plus application has **NOT** been converted to NAACCR version 15. For files uploaded in NAACCR version 15 you will select the **non-naaccr** option for type of file. Edits will **NOT** automatically run upon upload of the file; however, the file will be uploaded and submitted for edits processing by the OCCR using the Web Plus Administration Tool. You will be notified by your consultant when your error report becomes available for viewing.

If you are uploading a NAACCR version 14 file, you will select NAACCR version 14. Edits will be automatically run upon upload of the file and the edits error report will open in a separate window.

Please email PaulaM@health.ok.gov if you have questions.

Upcoming NAACCR Webinars

OCCR has purchased the 2015-2016 NAACCR Cancer Registry and Surveillance Webinar Series. That means free webinars for Oklahoma cancer reporters, presented in two convenient locations, the Oklahoma State Department of Health in Oklahoma City and St. John Medical Center in Tulsa.

Next in this series are:

| | |
|-------------------|--------------------------------------------------------------------------------|
| 11/05/2015 8-11am | Collecting Cancer Data: Pharynx |
| 12/03/2015 8-11am | Directly Coded Cancer Stage...NOW (An in-depth look at AJCC and Summary Stage) |
| 01/07/2016 8-11am | Collecting Cancer Data: Bone and Soft Tissue |

For more information or to register email Susan Nagelhout, CTR, at SusanN@health.ok.gov.

Preparing for TNM Staging

By Christina Panicker, MBA, CTR

TNM Staging will be required as of January 2016. In preparation for this extensive change, the National Cancer Registrars Association's Center for Cancer Registry Education has created a series of 10-minute PowerPoint presentations on complicated TNM staging issues. Topics to be covered include *Ambiguous Terminology*, the *Use of "Blank" and "X" for Stage Categories T, N, and M*, *Staging Neo-Adjuvant Treatment*, *Colon-Anatomy*, *Colon-Depth of Invasion* and *Clinical T, N, M for Ovary*.

This is a great resource, especially if you are short on time. Check it out at <http://www.cancerregistryeducation.org/best-practices>.



FREE Webinars!

Free Resources for Registrars

By Jessica Taylor

Now there is another FREE resource available to Oklahoma registrars! Florida Cancer Data System (FCDS) has given permission for Oklahoma cancer reporters to utilize the FCDS training web site. Not only can you register for upcoming webinars but you can also earn Continuing Education Units (CEUs) by listening to previously recorded webcasts. All webcasts will be focused on preparing registrars and abstractors for direct-assignment of SEER Summary Stage 2000 (SS2000) and AJCC TNM. Each webcast will cover Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Anatomic Staging (TNM, SS2000, SSFs) and TX. Each webcast qualifies for two CEUs.

Upcoming webcasts in the FCDS 2015-2016 Educational Series (12pm-2pm CST)

- 10/15/2015, Brain and CNS Tumors, [Register Here](#)
- 11/19/2015, Prostate and Bladder Neoplasms, [Register Here](#)
- 02/18/2016, Colon (incl. Appendix) and Rectum Neoplasms, [Register Here](#)
- 01/21/2016, Breast Neoplasms, [Register Here](#)



In addition to upcoming webcasts, previous webcasts are recorded and can be used to earn NCRA CEUs. Below is a list of previously broad-casted webinars that are available for download. You can access previously recorded webinars here: <http://fcds.med.miami.edu/inc/educationtraining.shtml>.

- 09/17/2015, Lung and Pleural Neoplasms
- 02/19/2015, Lower GI Tract Neoplasms
- 01/15/2015, Genitourinary Neoplasms (Kidney, Bladder, Prostate)
- 11/20/2014, Reportable Skin Cancers, 2 CEUs
- 10/16/2014, Neuroendocrine Tumors (NET) and GI Stromal Tumors (GIST)
- 09/18/2014, GYN Neoplasms

Registrars can use the FCDS CEU Tracking System to record/log all of acquired CEUs. This tracking system is based on the honor system when used. FCDS will record your attendance via a log that each registrar completes and should your facility be audited, they can examine this attendance information and provide you with a summary. You can access the CEU Tracking System here: https://fcds.med.miami.edu/scripts/log_CEU_s_with_fcds.pl

More FREE Webinars!

NCRA's Fall 2015 Live Six-part Webinar

NCRA is presenting a short webinar series on AJCC TNM Staging of head and neck cancers and cancer of the biliary sites. OCCR has purchased the series so that Oklahoma registrars can attend free at the Oklahoma State Department of Health in Oklahoma City or in Tulsa at Saint Francis Health System.

- 10/ 07/ 2015 AJCC TNM Staging : Head and Neck Cancers 1:00pm
- 10/ 21/ 2015 AJCC TNM Staging : Pathology of Head and Neck Cancers 1:00pm
- 10/ 28/ 2015 AJCC TNM Staging : Cancer of the Liver 3:00pm
- 11/ 04/ 2015 AJCC TNM Staging : Treatment of Head and Neck Cancers 1:00pm
- 11/ 18/ 2015 AJCC TNM Staging : Cancer of the Intrahepatic Bile Ducts 3:00pm
- 12/ 02/ 2015 AJCC TNM Staging : Cancer of the Gallbladder 1:00pm

For more information and to register, contact Susan Nagelhout, CTR at SusanN@health.ok.gov.



Have You Heard about 80% by 2018?

By Amber Sheikh, MPH

A national level movement to advance colorectal cancer control efforts has dozens of organizations pledging to commit to the **80% by 2018** led by the National Colorectal Cancer Roundtable initiative. Colorectal cancer is the third leading cause of cancer death in both men and women in the U.S. and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year. Through screening, colorectal cancer can be detected at an early stage when treatment is more likely to be successful. In some cases, it can be prevented by removal of precancerous polyps.



The goal is to eliminate colorectal cancer as a major public health problem by having 80% of adults aged 50 and older regularly screened for colorectal cancer by 2018.

Commitment to empower communities, patients, health care providers, community health centers, and health systems can improve colorectal cancer screening rates. The percentage of the population up-to-date with recommended colorectal cancer screening increased from 56% in 2002 to 65% in 2010¹. All partners, organizations and every day Americans have a role to play in increasing awareness for screening.

The best test is the one that gets done! There are several recommended screening options, including colonoscopies, stool tests (guaiac fecal occult blood test [FOBT] or fecal immunochemical test [FIT]), and sigmoidoscopy.

Leadership from the Oklahoma State Department of Health collaborated with American Cancer Society for a half day forum on 80% by 2018 on September 21st. It was well attended by multiple partners who became aware of the colorectal cancer state of the state over-view, heard panel discussion on screening barriers and successes, participated in work group discussions and identified next steps to make this initiative successful in Oklahoma.

For more information and to become part of the 80% by 2018 effort, go to: <http://nccrt.org/tools/80-percent-by-2018/>.

1. Morbidity and Mortality Weekly Report: Vital Signs: Colorectal Cancer Screening Test Use — United States, 2012. Centers for Disease Control and Prevention. November 5, 2013. Vol. 62

Is Your Facility Current?



Month of Diagnosis

January 2015
 February 2015
 March 2015
 April 2015
 May 2015
 June 2015
 July 2015
 August 2015
 September 2015
 October 2015
 November 2015
 December 2015

Due to OCCR by

July 2015
 August 2015
 September 2015
 October 2015
 November 2015
 December 2015
 January 2016
 February 2016
 March 2016
 April 2016
 May 2016
 June 2016



OCCR Staff Directory

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OCCR staff will be out of the office on the following dates:

October 29-30 OCRA Fall Education Conference
November 11 Veterans' Day
November 26-27 Thanksgiving
December 24-25 Christmas



We acknowledge the Centers for Disease Control and Prevention (CDC) and the National Program of Cancer Registries (NPCR) for its support and distribution of this newsletter under cooperative agreement #U58/DP00083405 awarded to Oklahoma. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the CDC.

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