

# OCCR NewsFlash

## OCCR FILLS CRITICAL VACANCIES

by Marva Dement, BBA, BS, CTR

OCCR is pleased to announce the addition of Amber Sheikh as our Administrative Programs Manager for the Surveillance, Epidemiology & Evaluation branch of Chronic Disease Service beginning April 20, 2015. Her new position will include providing management oversight and epidemiological support to various programs such as the Oklahoma Central Cancer Registry, Cancer Prevention & Control Programs and prevention programs focused on diabetes, asthma, heart disease and stroke. She is assuming the position of Dr. Anne Pate who left in January to pursue a career in teaching.

Amber is from Pakistan and holds a degree in Dental Surgery (equivalent to a DDS in the United States) from Baqai Dental College. She also holds a Master of Public Health, Epidemiology from OU College of Public Health.

Amber has been at the Oklahoma State Department of Health (OSDH) since 2006. She has held numerous positions including epidemiologist/program evaluator for Child Guidance Service, Family Support & Prevention Service (Home Visitation programs), Chronic Disease Service and Surveillance Manager for HIV/STD Service.

Her hobbies are art, music, reading and baking...or as she states, "whatever fancies me at the time." Amber is married to Fahad who is also an OU graduate and works at OSDH. Together, they have two energetic young boys who are the lights of their lives.



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## MEET OCCR'S NEW EDUCATION AND COMPLIANCE SPECIALIST

*by Marva Dement, BBA, BS, CTR*

OCCR is pleased to announce that Susan Nagelhout, CTR, will be joining our staff on May 4, 2015. She recently accepted the position vacated by Delores Greene who retired at the end of February. Susan comes to us from OU Medical Center where she is currently the Cancer Registry Manager.

Susan was born and raised in Lake Charles, Louisiana. She attended Louisiana Tech University in Ruston, Louisiana where she earned a degree in Medical Records Administration. Susan worked for thirteen years in Health Information before moving to the cancer registry field. She has been a cancer registrar for twenty years.

In her spare time, Susan loves to read and surf the internet. She has been married for thirty years and has two sons.

We're all very excited to have her join us and are looking forward to working with her!



### NEW NCRA REGISTRY RESOURCE

NCRA has announced a new complimentary resource. The NCRA Education Committee has created a series of informational abstracts to assist registrars in preparing abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. The sites included are:

- \* Bladder
- \* Breast
- \* Colon
- \* Lung
- \* Melanoma
- \* Prostate

The outline has a specific sequence designed to maximize efficiency. To learn more about this new resource, go to: <http://www.cancerregistryeducation.org/tr>.

## CONGRATULATIONS TO COMANCHE COUNTY HOSPITAL AND SAINT FRANCIS HOSPITAL

*By Paula Marshall, BBA, CTR*

The Commission on Cancer (CoC), a Quality Program of the American College of Surgeons, has presented the 2014 Outstanding Achievement Award (OAA) to 75 CoC-accredited cancer programs in the U.S.

Established in 2004, the OAA recognizes cancer programs that demonstrate excellence by earning commendation for all applicable standards and providing quality care to patients with cancer. A program earns the OAA by receiving an accreditation award of "Three-Years with Commendation" for the seven commendation-level standards with no deficiencies.

Currently, there are seven commendation standards:

- Standard 1.9 - Clinical Trial Accrual
- Standard 1.11 – Cancer Registrar Education
- Standard 1.12 – Public Reporting of Outcomes
- Standard 2.1 – College of American Pathologists (CAP) Protocols
- Standard 2.2 – Nursing Care
- Standard 5.2 – Rapid Quality Reporting System (RQRS) Participation
- Standard 5.6 – Accuracy of Data

Of the 75 Outstanding Achievement Awards presented in 2014, 2 of them were received by Oklahoma hospitals: Comanche County Hospital in Lawton and Saint Francis Hospital in Tulsa.

OCCR congratulates Comanche County Hospital and Saint Francis Hospital for their excellence!

## BIRTHPLACE STATE / COUNTRY

by Jessica Taylor

Beginning with cases diagnosed January 2013 the Place of Birth field was replaced with Birthplace--State and Birthplace--Country. If your facility does not collect this information, please do not assume and use codes US/USA or OK/USA. The correct codes for unknown birthplace are ZZ (state) and ZZU (country). The instructions below for coding Birthplace State/Country were taken from the FORDS Manual. Please contact Jessica at [jessicat@health.ok.gov](mailto:jessicat@health.ok.gov) with any questions.

### BIRTHPLACE—STATE

**Description:** Records the patient's state of birth.

**Rationale:** This data item is used to evaluate medical care delivery to special populations and to identify populations at special risk for certain cancers.

#### Instructions for Coding

- Use the most specific code.
- This item corresponds to Birthplace—Country.

Examples:	
Code	Definition
IL	If the state in which the patient was born is Illinois, then use the USPS code for the state of Illinois.
XX	Born in a country other than the U.S. (including its territories, commonwealths, or possessions) or Canada and the country <i>is known</i> (code the country in <i>Birthplace-Country</i> ).
YY	Born in a country other than the U.S. (including its territories, commonwealths, or possessions) or Canada and the country <i>is unknown</i> .
US	Born in the U.S. (including its territories, commonwealths, or possessions) and
CD	Born in Canada and the province is <i>unknown</i> .
ZZ	Place of birth is unknown, not mentioned in patient record.

### BIRTHPLACE—COUNTRY

**Description:** Identifies the country where the patient was born. The codes are based on International Organization for Standardization (ISO) 3166-1 alpha-3 country codes, with some custom codes.

**Rationale:** The country code is part of the patient's demographic data and has multiple uses. It may be useful for understanding risk factors, assessment of patient prognosis, and chances for survival.

#### Instructions for Coding

- This item corresponds to Birthplace-State.

Examples:	
Code	Country
USA	United States
CAN	Canada
ZZU	Place of birth is unknown, not mentioned in patient record.

## NCRA ANNUAL CONFERENCE

by Paula Marshall, BBA, CTR

NCRA's 41st Annual Educational Conference (NCRA 2015) will be held May 20-23, 2015, at the San Antonio Marriott River Center in San Antonio, Texas. Over 50 plenary and breakout sessions are scheduled. Several sessions will focus on the transition from Collaborative Stage to AJCC TNM Stage and NCI Summary Stage that is set to take place January 2016. Earn over 18 CEs in three days! For more information go to [www.ncra-usa.org/conference](http://www.ncra-usa.org/conference).

Hopefully, many members will be attending the NCRA Annual Educational Conference in May. Danette Clark, President Elect, will be attending the NCRA conference this year, and will provide an overview at the 2015 OCRA Fall Conference.



## AMBIGUOUS TERMINOLOGY

By Kaela Barger, RHIA

While reviewing documentation a registrar often encounters the use of ambiguous terminology. The list of ambiguous terminology recorded in the FORDS Manual is one of the main cornerstones that we use when deciding if a case is reportable or not. Through repetition the key words become ingrained in our minds and begin to stand out like a red flag. With so much focus on the terms there is an exception to the rule that can easily go unheeded.

According to the FORDS Manual, if cytology is identified only with an ambiguous term, it should not be interpreted as a diagnosis of cancer. These cases are only to be abstracted if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings. If there is no evidence other than a cytology report, further investigation may be needed. It's also important to consider this rule when determining the date of diagnosis. For example, cytology results are suspicious for cancer in August and subsequent pathology in September is positive for cancer. Date of diagnosis will be date of positive pathology in September.

## ST. JOHN MEDICAL CENTER

By Leslie Dill

This quarter OCCR shines the spotlight on St. John Medical Center of Tulsa. Its first approved cancer registry was established in 1967, but they actually have card files dating back to 1950. They are a CoC facility and abstract an average of 1800-2000 cases annually.

The team responsible for all of that abstracting is comprised of Carol Lane, Claudette Hicks and Karen Webster. Claudette and Karen have both been at SJMC for eight years. Carol has been there somewhat longer. In fact, Carol is preparing to retire later this year after 40 years at SJMC. Thirty of those 40 years have been in the cancer registry. Congratulations, Carol!

OCCR applauds this registry for the fine work they continue to do. We would also like to express our thanks for being a host hospital for the Tulsa presentation of the NAACCR webinars each month since 2008.



*Claudette Hicks, Carol Lane and Karen Webster*

## NAACCR CTR EXAM PREP & REVIEW SERIES

by Christina Panicker, MBA, CTR

OCCR has purchased the NAACCR CTR Exam Preparation and Review Webinar Series which has all of the relevant materials needed to succeed on the CTR exam. It is presented by professionals in the cancer registry field and includes lectures, quizzes, homework and everything necessary to prepare for the test.

The live series will be offered on Tuesdays from 1-3 p.m., April 21– June 9, 2015. Recorded sessions will be available online at a later date and can be viewed by participants at their own convenience and location.

To register for the live webinars or for more information about the recorded sessions, please email [LeslieD@health.ok.gov](mailto:LeslieD@health.ok.gov).

## TIMELINESS IN REPORTING

By Paula Marshall, BBA, CTR

The Oklahoma Central Cancer Registry (OCCR) requires all cancer cases to be reported within 180 days of first date of contact for the patient's cancer. This is mandated by Federal and State laws.

Compliance letters were sent to all reporters in February, 2015, reflecting the current number of cases received as of that date. According to the OCCR Timeliness Schedule (see below) reporters are required to be 75% (January-October) complete and timely for 2014 cases. Please note: **ALL 2014 CASES ARE DUE TO OCCR BY JUNE 30, 2015**. It is imperative that all 2014 admission year cancer cases are completed and submitted according to the Timeliness Schedule to avoid the issuance of a non-compliance letter addressed to the Supervisor and Administrator of the facility.

As of this date, **ALL 2013 CASES WERE DUE JUNE 30, 2014**, and are considered **PAST DUE** and the facility is **non-compliant**. It is vital that all 2013 admission year cancer cases are submitted immediately to avoid legal action.

Please contact Paula Marshall (Interim Compliance Specialist) at [paulam@health.ok.gov](mailto:paulam@health.ok.gov) or 405-271-9444 ext. 57103 for any questions.

Oklahoma Central Cancer Registry (OCCR) Timeliness Schedule			
Reporting Schedule			
Annual Case-load	Reporting Period	Cases Diagnosed	Date Cases Due to OCCR
>100	Monthly	January 2014 February 2014 March 2014 April 2014 May 2014 June 2014 July 2014 August 2014 September 2014 October 2014 November 2014 December 2014	July 31, 2014 August 31, 2014 September 30, 2014 October 31, 2014 November 30, 2014 December 31, 2014 January 31, 2015 February 28, 2015 March 31, 2015 April 30, 2015 May 31, 2015 June 30, 2015
<100	Monthly or Quarterly	Same as above  Jan/Feb/Mar 2014 Apr/May/Jun 2014 Jul/Aug/Sept 2014 Oct/Nov/Dec 2014	Same as above  September 30, 2014 December 31, 2014 March 31, 2015 June 30, 2015

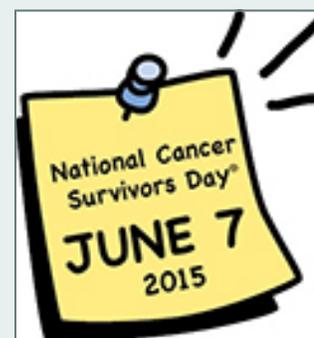
## CONVERSION to NAACCRv15 FORMAT

by Paula Marshall, BBA, CTR

The Oklahoma Central Cancer Registry anticipates converting to NAACCRv15 by the end of July in order to accept data submissions in NAACCR v15 format by August 1, 2015.

Please continue to abstract and submit any cases diagnosed in 2014 and prior in NAACCR v14 format. All cases abstracted and completed in Version 14 should be submitted prior to our conversion to NAACCR Version 15. Cases diagnosed in 2015 may be abstracted in NAACCR v14, but it is strongly recommended to convert to NAACCRv15 before abstracting cases diagnosed in 2015 in order to capture new data items and edits.

Additional information regarding this conversion will be forthcoming.





## APRIL / MAY / JUNE EVENTS

April 29	AJCC TNM Staging Webinar: Lymphoma	1-2 p.m.
May 7	NAACCR Webinar: Larynx and Thyroid	8-11 a.m.
May 20-23	NCRA Educational Conference in San Antonio, TX	
June 4	NAACCR Webinar: Pancreas	8-11 a.m.
June 13-18	NAACCR 2015 Annual Conference in Charlotte, NC	

## WHAT'S NEW IN THE HEMATOPOIETIC AND LYMPHOID DATABASE

*By Paula Marshall, BBA, CTR*

The **Hematopoietic and Lymphoid Database** has been updated with the following changes:

- The 2010 and 2012 databases have been combined into one database, which also has all changes for 2014.
- The **Home** page is now one panel with two columns displaying disease names and ICD-O-3 morphology codes for all the diseases in the database.
- Each disease is now displayed in its own tab. This allows the user to bookmark and send and store links to specific diseases.
- The **Search** function now searches all fields.
- A relevance column has been added to the search results page when a search term is used showing the relevance of each specific entry based upon the search term used.
- The search results are now displayed in a sortable table and the table can be sorted by relevance, by name or by ICD-O-3 morphology code.
- The information presented for each disease has been modified. New fields for the ICD-O-1 and ICD-O-2 code have been added and some of these data have been back-filled. This is to show the user how/if the ICD code has changed over the years. The effective date for each ICD code is now also displayed.
- The user must now select a diagnosis year to be shown the correct information for that diagnosis year. This information will change depending upon the diagnosis year selected.
- The Heme manual is now displayed as a link on the disease page, since the manual shown is dependent upon the diagnosis year chosen.

Further information can be found at: <http://seer.cancer.gov/tools/heme/conversion.html>.



JUNE 13-18, 2015

NAACCR ANNUAL  
CONFERENCE IN  
CHARLOTTE, NC

This year's conference will provide learning opportunities from experts in:

- \* Cancer surveillance
- \* Cancer registry operations
- \* Cancer research

[Click here](#) for more information about the sessions and conference registration.

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## OKLAHOMA SENATE GIVES FINAL PASSAGE TO PROTON THERAPY BILL

Story submitted by Judy Hanna, HT(ASCP)

Written by Tim Talley, Associated Press, April 13, 2015

OKLAHOMA CITY — Legislation that prohibits health insurers from holding proton radiation cancer therapy to a higher standard of clinical effectiveness than other radiation treatments received final approval in the Oklahoma Senate on Monday.

The Senate voted 36-9 for the House-passed measure following assurances from the bill's author that the measure is not an insurance mandate, sending it to Gov. Mary Fallin for her signature. Fallin spokesman Alex Weintz said the governor will review the bill before deciding whether to sign it into law.

Proton therapy is a medical procedure that uses a beam of protons to irradiate diseased tissue. It was approved for cancer treatment by the Food and Drug Administration in 1988. Its chief advantage over other radiation therapy treatments is it can more precisely localize the radiation dose, reducing side effects to surrounding tissue, the measure's author, Sen. Ron Sharp, R-Shawnee, said. But some health insurers regard the therapy as experimental, and its cost had prompted some insurers to require it meet an even higher level of clinical evidence than other forms of radiation therapy.

Sen. Brian Crain, R-Tulsa, said lawmakers have been reluctant in the past to tell insurers what they can and cannot insure. But Sharp said the measure does not require insurers to cover proton therapy costs but provides guidelines for insurers to use when deciding whether to cover the therapy, including recommendations by the patient's physician.

Passage of the bill was welcomed by Marie Enderton, 56, of Blanchard, a cancer survivor who was present at the Capitol for final passage of the bill and credits proton therapy with saving her life. Enderton underwent proton therapy treatment for lung cancer last summer. She said she personally paid about \$5,000 for the treatment after her health insurer refused to pay for it. "I was unable to get approval from my insurance company," Enderton said. "They said it was experimental. They just don't cover proton radiation. They would cover surgery, which I was not a candidate for." Since completing the therapy, Enderton said scans indicate she is cancer free. "This did not kill me, it actually cured me," Enderton said. "I believe it saved my life."

## CELEBRATING LIFE

By Leslie Dill

It can never be said that the registrars at Jack C. Montgomery VA Medical Center in Muskogee don't know how to party! Every month they celebrate a holiday with their cancer patients. If the month doesn't have a holiday, they create one! In February they had a Mardi Gras celebration. Every time a male patient opened his shirt for chemo port access, the ladies would throw out beads! It's hard to say who had more fun, the registrars or the patients. Pictured here (left to right) are cancer registrars Peggy McCarty and Glenda Mayfield, along with their Cancer Program Manager, Bonnie Folkerts.



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