Oklahoma Central Cancer Registry
Oklahoma State Department of Health

OCCR NEWSFLASH

July, 2013
Summer Issue

NAACCR Certification

By Jessica Taylor

This year marks the 16th anniversary of NAACCR Certification. A total of 69 population-based cancer registries submitted their 2010 incidence data for evaluation and confidential feedback as part of the NAACCR Registry Certification process. There are two primary reasons for evaluating central cancer registry incidence data. The first and foremost reason is to recognize population-based cancer registries that have achieved excellence in the areas of completeness of case ascertainment, data quality, and timeliness. The second reason is to provide confidential feedback which individual registries can use to identify current and future resource and training needs. This year the OCCR was awarded Silver Certification for achieving a high standard for complete, accurate, and timely data. In conjunction with the certification, Oklahoma cancer data will be included in the Cancer in North America (CINA) publication. Produced annually, the CINA report provides the most current cancer incidence and mortality statistics for the United States and Canada. It also serves as the foundation for such publications as the American Cancer Society's Cancer Facts & Figures and the US Annual Report to the Nation. If you have any questions regarding the certification process or the results of the evaluation, please call Anne Pate at (405)271-9444, ext 57111. For further details of the evaluation, see the table on page 4.

An Invaluable Tool: SEER*Rx

By Amanda E. Moran, RHIA, CTR

SEER Rx was developed as a one-step lookup for coding oncology drug and regimen treatment categories in cancer registries. This program is available in two formats: a web-based version and a software version. The web-based version is always kept current on any changes or revisions to the oncology drugs, so it is highly recommended that you install the web-based version onto your computer and utilize this helpful site. To access the site, go to: http://seer.cancer.gov/tools/seerrx and follow the instructions on how to access SEER Rx.

Please note: In 2013, 6 major cancer-treating drugs were reclassified as biologic response modifiers (BRM's). Each of these drugs was previously listed as chemotherapy agents but are now to be coded as BRM's. These drugs are: Avastin, Herceptin, Perjeta, Erbitux, Campath and Rituxan. **Note: These reclassification rules only apply to cases diagnosed on 1/1/2013 or later.**

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Compliance & Timely Reporting

By Delores Greene, CTR

As each of you have an expected number of cases to report each year, so does OCCR. Every reporting source in Oklahoma plays an integral part in OCCR achieving NPCR data standards. OCCR depends on each of you to report cancer cases diagnosed and/or treated at your respective facilities. Timeliness is a very important factor that affects everyone. **To be considered compliant, all 2012 and prior cases are due by June 30, 2013**.

As we all know, both Federal (Cancer Registries Amendment Act, Public Law 102-515) and State (Tumor Registry Act, OS §63 1-551.1) Law have made cancer a reportable disease. All facilities providing diagnostic and/or treatment services in relation to cancer diseases or pre-cancerous conditions, shall report all cancer cases within 180 days (6 months) of diagnosis. Oklahoma Statute (OS §63-1-1701.1a, 2) allows for a monetary fine of up to $10,000.00 a day for noncompliance.

OCCR would like to commend all the facilities who work very hard to report timely. Your efforts are greatly appreciated. For those who are non-compliant, OCCR understands there are situations that come up which can cause you to get behind in reporting. When this happens, communication is a must! This allows us to document the situation and work with facilities to find the best solutions for each situation. If your facility is behind and you have not talked with Delores Greene, Compliance Specialist, recently, please call by July 8, 2013. Noncompliance letters will be mailed on July 8, 2013. If you know your cases will not be completed by June 30, 2013, please contact Delores at (405)271-9444, ext 57103.

Global Data

By Anne Pate, MPH, PhD

For the first time this year, the OCCR has submitted Oklahoma's data to be included in an international surveillance study of cancer survival. The program, CONCORD-2, is headquartered in the London School of Hygiene & Tropical Medicine and is supported by many national and international organizations and associations including the Centers for Disease Control and Prevention, the North American Association of Central Cancer Registries, the World Health Organization, and the Organization for Economic Co-operation and Development. This study includes data from at least 160 cancer registries in 50 countries and will describe survival for 10 cancers including stomach, colon, rectum, liver, lung, female breast, cervix, ovary, and prostate.

SAVE THE DATE! Plan ahead to attend the Oklahoma Cancer Registrars Association (OCRA) Fall Workshop October 17 & 18, 2013, at the Integris Cancer Institute of OK. More details to come!

Notes from the OCCR Data Manager's Desk

NAACCR Version 13 Upgrade

The magnitude of changes being implemented in version 13 is relatively small. The major changes are new country and state data items added as part of an initiative to standardize to interoperable geographic area codes. Ten new items have been added for coding secondary diagnoses (the new name for comorbidities and complications) in ICD-10-CM. Cases diagnosed on or after January 1, 2013, must be collected and reported in accordance with the 2013 data standards. There are no changes to the Collaborative Stage for 2013. The current version CSv0204 will continue to be used until the next release (CSv0205) that will be effective in January 2014. Also, there are no changes to the Multiple Primary and Histology Coding Rules for 2013.

Many facilities are nearing the end of reporting all 2012 cases. As a reminder, be sure and contact your software vendor to upgrade your software to version 13 before you start abstracting the 2013 cases. If you are a RMCDS user, please see information regarding the RMCDS upgrade below.

The OCCR will continue to accept records in version 12.2; however, please keep in mind that 2013 cases submitted to the OCCR in version 13 will not be processed until our database has been upgraded. You can expect a slight time lapse in receiving a response from your consultant regarding the number of cases processed. Also, it would be very helpful to list in the comment section of Web Plus if your file upload is in version 13. If you have any questions regarding the version 13 upgrade, please contact Paula Marshall at (405)271-9444, ext 57121 or at paulam@health.ok.gov.

Web Plus Upgrade to NAACCR Version 13

A full conversion of the Web Plus database and release of the NAACCR version 13 software is planned for July 2013. After the version 13 upgrade is completed, file uploads will have edits run automatically upon upload.

Version 12.2 uploaded files will still be accepted after our database has been upgraded; however, the running of edits will automatically be deferred and ran through edits manually. An edit report is created, an email is sent to the OCCR Administrator and the File Uploader notifying them that the edits have run, and the error report will be available for viewing with the next login to Web Plus. Once all errors have been corrected, the file will need to be uploaded again to the OCCR via Web Plus. Please contact Paula Marshall at (405)271-9444, ext 57121or at paulam@health.ok.gov for any questions.

RMCDS Upgrade to NAACCR Version 13

All RMCDS users will be required to upgrade their system to version 13 before starting to abstract 2013 cases. This upgrade is a very short and simple procedure. You will see a few new variables relating to state and country codes on the updated screen.

Please contact Paula Marshall at (405)271-9444, ext 57121 or at paulam@health.ok.gov to schedule your upgrade and updated abstract screen.

NAACCR Certification, continued from page 1

Oklahoma Cancer Registry					
NAACCR Registry Certification on Quality, Completeness & Timeliness of 2010 Data Summary of Certification Measures					
Registry Element	Gold Standard	Silver Standard	Actual Measure*	Measurement Error Allowed	Standard Achieved
1. Completeness of case ascertainment	95%	90%	90.4%	1.0%	Silver
2. Completeness of information recorded					
* Missing/unknown "age at diagnosis"	<=2%	<=3%	0.0%	-0.4%	Gold
* Missing/unknown "sex"	<=2%	<=3%	0.0%	-0.4%	Gold
* Missing/unknown "race"	<=3%	<=5%	1.4%	-0.4%	Gold
* Missing/unknown "State/Province & country"	<=2%	<=3%	0.2%	-0.4%	Gold
3. Death certificate only cases	<=3%	<=5%	3.1%	-0.4%	Gold
4. Duplicate primary cases	<=1 per 1000	<=2 per 1000	0.0 per 1000	-0.4 per 1000	Gold
5. Passing EDITS	100%	97%	100%	Not applicable	Gold
6. Timeliness	Data submitted within 23 months of close of accession year.				Gold
				Certification Status	Silver

*Measures are truncated to one decimal place. The measure for completeness of case ascertainment includes an adjustment for unresolved duplicates.

Lymphoma Coding Reminder

By Amanda E. Moran, RHIA, CTR

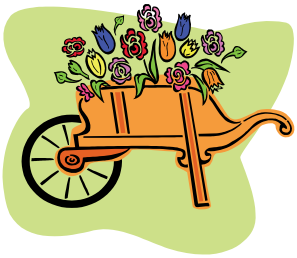
When coding a lymphoma case that has a lymph node primary site (C77.0-C77.9), **ALWAYS** code the scope of regional lymph node surgery to a 9. This is true even if lymph nodes were dissected because the dissection was reported under the Surgery of Primary Site section. Be sure to utilize the FORD's manual or your software's Help function when you have questions about this or any other coding rules.

Collaborative Staging...on YouTube?

By Leslie Dill

That's right! The AJCC has created a new method of presenting educational information via YouTube. On their very own AJCC YouTube Channel, registrars may watch videos on numerous AJCC and Collaborative Stage topics, such as 988 vs 999, Grade Path Value and Grade Path System, Neoadjuvant Therapy with Eval Codes and Calculating Testis LDH vales for SSF 10 and SSF 16. Most recently posted was Breast Staging Moments, a series demonstrating the proper use of the TNM staging system using a real cancer case. Check it out by clicking here.

Codes and Required Text for Each Abstract



By Delores, Greene, CTR

Codes are for data retrieval and comparison. **Text** is for data quality, verification and research. Listed below are **required** text fields with examples/explanations to justify codes within an abstract. High quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

Text—Primary Site: Provide information regarding the primary site and laterality of tumor being reported. State the specific location of the primary site, including subsite and laterality. An example: Right lower lobe of lung.
Text—Dx Proc—Path: Provide information from cytology and histopathology reports. Suggestions for text date of procedure, anatomic source of specimen, tumor type and grade, extent of tumor spread, involvement of resection margins, number of nodes removed and any additional comments including differential diagnoses considered and any ruled out. Example: 9/5/12 RML lung: 2.5 cm lung showing adenocarcinoma, grade2, 00/03 LN. Margins clear.
Text—Histology Title: Provide information regarding the histologic type, behavior and grade (differentiation) of the tumor being reported. An example: Invasive adenocarcinoma of lung, well differentiated.
Text—Staging: Provide information that will verify the CS elements. Include tumor size, extension of primary tumor, regional lymph node involvement and distant metastatic disease. Example: 5 cm mass in right abdomen in the area of the hepatic flexure, involving cecum, ascending colon and extensive involvement of the mesentery extending into the small bowel toward aorta and superior mesenteric.
Text—DX Proc—PE: Text area for documentation from the history and physical examination about the history of the current risk factors for the tumor and the clinical description. For example, history of smoking, 2 packs a day for 20 years in a lung cancer patient. Also, include the patient's gender, age, race and ethnicity. For example: 54 year old male with right lung mass, shortness of breath and blood in sputum.
Text—Dx Proc—X-ray/Scan: Text area for manual documentation from all x-rays , scan and or other imaging examination that provides information about staging. Include the dates of the radiographic test done, along with a brief description of the findings. An example would be: 11-21-12 CT chest: 2.5 cm lesion within the RML of lung, with hilar and mediastinal adenopathy. 11-25-12 CT brain: normal findings. CT abdomen: negative.
Text—Dx Proc—Lab Tests: Provide information from laboratory examinations and other than cytology or histology. Include the dates and names of any relevant lab tests performed along with the values. Example would be 9-15-12: CEA 800 high, or 12/15/11: PSA 10, elevated.
Text—Dx Proc—OP: Text area for manual documentation from endoscopic examinations that provide information for staging and treatment. Include the dates and names of the relevant scopes preformed along with the findings. An example: 11-30-12 Bronchoscopy with biopsy: Upon entering RML lung tumor noted, biopsy taken of mass.
Text—RX Surgery: Text area for manual documentation of all surgical procedures that provide dates and descriptions of biopsies and all other surgical procedures which staging information was derived, number of lymph nodes removed, size of tumor, documentation of residual tumor and evidence of invasion of surrounding areas. An example would be: 9/5/12: RML lobectomy with biopsy of 3 mediastinal lymph nodes.
Text—RX Radiation (Beam): Text area for documentation of information regarding treatment of the tumor with beam radiation. Include start date, ending date type of beam radiation and area radiated. Example: IMRT to breast starting 1/10/12 ending 2/27/12.
Text—RX Radiation Other: Text area for documentation of information regarding treatment of the tumor with radiation other than beam radiation. This includes brachytherapy and systemic radiation therapy.
Text—Chemotherapy: This area for documentation of information regarding chemotherapy treatment. Include the start and end dates of any chemotherapy given. Include the name of the drugs given.
Text—Hormone: Text area for documentation about hormonal treatment. Include start and end dates of any hormone given. Include the name of the drugs given.
Text—BRM: Text area for documentation regarding the treatment with biological response modifiers or immunotherapy. Include start and end dates of any immunotherapy drug given. Include the name of the drugs given.
Text—Other: Text area for documentation of information regarding treatment that cannot be defined as surgery, radiation or systemic therapy. This includes experimental treatments.
Text—Remarks: Any relevant information not already texted in other section.

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We're on the Web!

http://occr.health.ok.gov

Upcoming NAACCR Webinars

By Leslie Dill

Only three webinars remain in the 2012-2013 NAACCR series:

July 11, 2013 Topics in Geographic Information Systems
August 1, 2013 Cancer Registry Quality Control
September 5, 2013 Coding Pitfalls

For the Oklahoma City area, OU Medical Center will be hosting the webinars at the Children's Hospital, Samis Education Center, 1200 Children's Ave., Oklahoma City, OK.

In the Tulsa area, St. John Medical Center will host at Mary K. Chapman Health Plaza, 1819 E. 19th St., Tulsa, OK. We are so thankful for our hosting hospitals and their willingness to support OCCR in providing these important educational events. Both facilities have graciously offered to continue hosting for the 2013-2014 NAACCR Webinar Series beginning in October.

Please register ahead of time for the webinars to insure that the handouts will be emailed to you. You may register by emailing DeloresG@health.ok.gov.

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