

OCCR NEWSFLASH

Oklahoma Central Cancer Registry

OCCR AWARDED SILVER CERTIFICATION

By Leslie Dill

The North American Association of Central Cancer Registries (NAACCR) annual evaluation of OCCR resulted in a silver certification award for Oklahoma. Marking its 11th consecutive year to earn a gold or silver status, OCCR achieved this award with the following scores for 2011 incidence data:

Data Quality Indicators (2007-2011)

Indicator (%)	2007	2008	2009	2010	2011
Completeness of Case Ascertainment	101.4	95.2	95	90.6	90.6
Missing Age	0.0	0.0	0.0	0.0	0.0
Missing Sex	0.0	0.0	0.0	0.0	0.0
Missing Race	1.3	1.1	1.4	1.1	3.2
Missing County	1.0	0.0	0.2	0.1	0.7
Death Certificate Only Cases (DCO)	2.9	3.0	3.7	3.3	3.2
Passing Edits	100.0	100.0	100.0	100.0	100.0
Duplicate case reports per 1,000 records:	0.00				



The OCCR recognizes this certification is a result of the hard work and dedication of ALL cancer registry staff across Oklahoma, the collectors of this data. We thank you for your efforts and congratulate you on this achievement.



Photo by Delores Greene, CTR

RMCDs CORNER

By Paula Marshall, BBA, CTR

A friendly reminder for all RMCDs users...

RMCDs system **MUST BE CONVERTED** to version CS 02.05 before starting to abstract 2014 cases. Please send me an email requesting instructions when you are ready to convert. PaulaM@health.ok.gov.



M.O.K.A. Regional Cancer Registrars Meeting



OCRA is partnering with the Missouri, Kansas and Arkansas state associations to present the M.O.K.A. Regional Meeting in Branson, MO this fall. Join your fellow cancer registrars, health care providers and health information professionals for this EXCELLENT educational opportunity. The word is out and, hopefully, you have already made your reservations. If not, don't delay!

September 24-26, 2014

Hilton Branson Convention Center, Branson, MO

To view the conference brochure and registration form, go to
www.ocra-ok.org/education.asp

DID YOU KNOW?

By Amy L. Nelson, MPH, CHES
 Comprehensive Cancer Control Coordinator

- The Oklahoma Central Cancer Registry is located within the Chronic Disease Service at the Oklahoma State Department of Health? If you knew this, did you also know there are programs for Asthma, Diabetes and Heart Disease/Stroke in the same service area?
- The webpages for the Chronic Disease Service (CDS) are currently being revised to be more user-friendly, provide a consistent layout/presentation and illustrate the crosscutting factors which impact all the programs in CDS.
- The webpages for all of Chronic Disease Service have shortcut URLs, making it much easier to navigate your needs.

Chronic Disease Service <http://ocds.health.ok.gov>

Central Cancer Registry <http://occr.health.ok.gov>

Take Charge! <http://takecharge.health.ok.gov>

Oklahoma Cares <http://okcare.health.ok.gov>

Comprehensive Cancer Control <http://cccp.health.ok.gov>

Asthma <http://okap.health.ok.gov>

Diabetes <http://diabetes.health.ok.gov>

Heart Disease/Stroke <http://cvd.health.ok.gov>



Photo by Delores Greene, CTR

- There are two new fact sheets available – Cancer and Heart Disease. Asthma and Diabetes fact sheets are currently underway.
- There is a potential opportunity for volunteers to participate in the Association of Asthma Educators pilot program. This is geared to educate public health workers to provide asthma education and pursue the national certification, if desired. Contact Bradon Nave at bradonn@health.ok.gov for more information.
- The Comprehensive Cancer Control program works with the OKC Zoo to promote the use of sun safety methods yearly on “Don't Fry Day”, the Friday before Memorial Day.
- If you have problems with the website, such as a broken link, please contact Leslie Dill or Amy Nelson at leslied@health.ok.gov or amyn@health.ok.gov, respectively.

PARTICIPANTS NEEDED FOR SEER RELIABILITY STUDY

Delores Greene, CTR

SEER has developed the SEER 2014 Training Assessment for TNM Staging. This is a study that aims to provide 1) Information on training needs 2) A baseline to evaluate the effectiveness of training materials that are developed 3) Collect data to evaluate the impact of TNM staging on incidence trends over time.

The study will take place starting at 7:00 am on July 7, 2014 and will end at 11:00 pm on August 9, 2014. Completion of the study will require the review and assignment of T, N and M of 10 cases which include female breast, colon, prostate, lung and ovary tumors. There will be an option to complete additional 10 cases. In addition to Continuing Education Credits, participants will have an opportunity to view the preferred answers as given by an expert panel. You will also be notified when the study results will be available online.

All participants will be using the new upgraded version of the SEER Reliability software. Please note the objectives of the study are to determine training needs and not designed as a test for accuracy of stage assignment. **Individual study results will remain confidential** and not be released to NCI-SEER staff or registry managers. Study results will be de-identified before analysis.

Your participation is important for helping assess the training needs for TNM staging. You are strongly encouraged to participate in this study.

Please email reliability@imsweb.com for technical questions and Annie Noone (noonea@mail.nih.gov) for study-related questions.

Creating an Account on SEER*Reliability

Everyone who participates will need to create a new account.

1. Go to <http://reliability.seer.cancer.gov> for the **Login** page.
2. Click on **Create an account**. Complete all fields on the account information page. Click on **Create an account** again.
3. An email will be sent to you so that you can activate your account. Click on the link in the email to log in to your new account.



Photo by Delores Greene, CTR

QUALITY ASSURANCE REPORT

Medical Terminology and Abbreviation Errors

By Marva Dement, BBA, BS, CTR

While performing quality assurance on abstracts for the year 2012, many spelling and typographical errors and words were found that were difficult or impossible to decipher. The following are examples from several abstracts:

<u>Term in Abstract</u>	<u>Correct Term</u>
Defn	Defined
Recc	Recommend
Live4	Liver
Lyjmphagistic	?
03/36/12	?
Syncopla	Syncopal
Excision	Excision
Exididion	Excision
Eat	Ear

These errors, and others not listed, were not confined specifically to the non-CTR, but to seasoned CTRs as well. Other common errors included patient gender, partial social security numbers and dates of birth.

For more information and a handy desktop reference on the recommended abbreviations for abstractors see Standards for Registries, Volume II, Appendix G which can be found at <http://www.naacr.org/Applications/contentReader/?c=17>.



Photo by Delores Greene, CTR



CSv02.05 SUPPORT FOR KNOWN ISSUES

By Paula Marshall, BBA, CTR

Two proposed changes in the CS lymph nodes table for Melanoma and Merkel Cell Skin Schemas were inadvertently omitted. The following report summarizes issues and coding guidance for use with v02.05.

Coding Instructions and/or Schema name(s)	CS Field(s)	Description and Date Added
MelanomaSkin, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, MerkelCellVulva	CS Lymph Nodes	For the MelanomaSkin schema, two proposed changes in the CS Lymph Nodes table were inadvertently omitted. 1. Note 2 was not updated to include the statement that ITCs are defined as any tumor deposits in lymph nodes less than or equal to 0.2mm. 2. CS Lymph Nodes codes 196, 197, and 198 were not added. These codes mapped satellite nodules or in-transit metastases with ITCs to N3 for AJCC 7 and N2c for AJCC 6. Cases with satellite nodules or in-transit metastases with ITCs only should be coded with the existing codes for satellite nodules or in-transit metastases with regional nodes 200, 220 and 223, which map to N3 for both AJCC 7 and AJCC 6. Definitions for missing codes: 196: Satellite nodule(s) or in-transit metastases less than or equal to 2cm from primary tumor WITH ITCs listed in code 010. 197: Satellite nodule(s) or in-transit metastases greater than 2 cm from primary tumor WITH ITCs listed in code 010. 198: Satellite nodule(s) or in-transit metastases, NOS (Distance from primary tumor not stated) WITH ITCs listed in code 010.

2013 Calendar Year Submission

Facilities are required to complete and submit all 2013 calendar year cases by June 30, 2014.

It is vital that all 2013 cases be completed and submitted as soon as possible to allow OCCR time to process these cases for our annual Call for Data submission coming this November.

If your cancer registry has not submitted all 2013 cases, please contact Delores Greene, Compliance Specialist at 405-271-9444 extension 57103 or by email deloresg@health.ok.gov to discuss a plan of action. Please do so immediately to avoid the issuance of a non-compliant letter for failure to report in a timely manner.

A REMINDER ABOUT PEDIATRIC CASES

Paula Marshall, BBA, CTR

The OCCR continues to promote case reporting of pediatric cases (0-19 years old) within 30 days of diagnosis in support of the NPCR-PYAC ECC project that OCCR has participated in for the last three years. This project allows the OCCR to develop an expandable and sustainable data collection system that decreases reporting time of cancer cases and increases the accessibility of data for research. The success of this project is due to your continued support to report the pediatric cases within 30 days of diagnosis.

Our next submission is coming up in October and we would appreciate receiving your pediatric cases in preparation of our submission. Thanks again for your continued support!

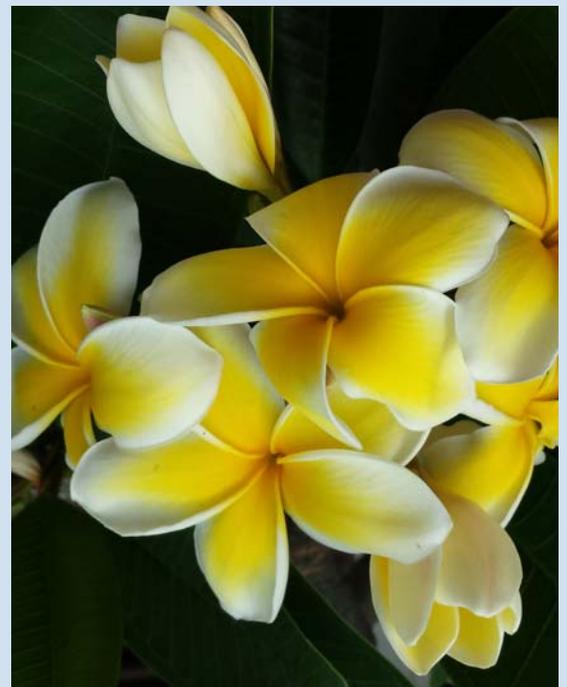


Photo by Delores Greene, CTR



Photo by Delores Greene, CTR

MEANINGFUL USE STAGE 2

Anne Pate, PhD, MPH

Do you know if your facility is planning on reporting cancer for Meaningful Use Stage 2? If you are, there are resources available for you at www.health.ok.gov. Click on the Meaningful Use topic on the main page. The OCCR is working closely with the OSDH Informatics Division to implement procedures for facilities to register, attest, and submit messages for Meaningful Use.

There will be many new opportunities available on the OSDH website, so be sure to watch for updates!

MAKING NEWS in HEALTH AND SCIENCE

Submitted by Judy Hanna

Young Men More Likely than Young Women to Die of Melanoma , Study Says

By Bahar Gholipour, *The Washington Post*

Young men are more likely to die of the skin cancer melanoma than young women, regardless of the severity of the tumor, a new study found. This suggests there are fundamental biological differences between melanoma in men and in women, the researchers said.

Looking at melanoma cases among a population of white men and women older than 20, the researchers found that men accounted for 40 percent of the cancer cases but 64 percent of the deaths.

Overall, men were 55 percent more likely to die of melanoma than women of the same age, after adjusting for factors such as a tumor's type, thickness and location, according to the study, published last week in the journal *JAMA Dermatology*.

In an editorial accompanying the study, experts said that the study revealed a "striking disparity" between men and women in terms of survival.



"The findings are so consistent that they imply a fundamental biological difference in 'male' versus 'female' melanoma," wrote David Fisher, a dermatologist at Harvard Medical School, and Alan Geller, a lecturer at the Harvard School of Public Health.

Previous studies showing a sex difference in skin cancer have focused on older people, in whom skin cancer is more likely to occur. They have found that in older people, men have poorer survival from skin cancer than women.

The difference has been attributed to behavioral factors — for example, the fact that women are more likely to examine their skin and visit doctors, which helps with early detection.

"We thought that it would be novel and interesting to look at a younger population," said study researcher Susan Swetter, a professor of dermatology at Stanford University. "Younger people don't tend to see a doctor as frequently," she said.

In the study, the researchers included about 26,000 white adolescents and young adults ages 15 to 39, who were diagnosed with melanoma between 1989 and 2009. (White people are far more likely to develop melanoma than those of other races.)

During the study period, 1,561 patients died from melanoma. Men were more likely to die in each category of the tumor and each age group, the study showed.

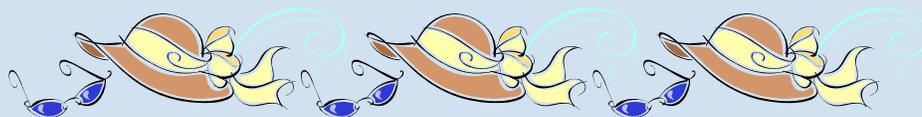
Among patients who had an additional cancer besides melanoma, men were twice as likely to die.

The researchers said women's survival advantage may be due to habits such as better health maintenance or more visits to the doctor, which helps detect tumors when they are smaller and more curable.

However, among those who had the thinnest tumors, men were still twice as likely to die, which suggests that men's disadvantage is due to biological differences rather than behavioral ones, according to the study.

Little is known about the biological differences that might result in different melanoma survival rates in men and women. Some proposed explanations involve the immune system, sex hormones, genetic factors and Vitamin D metabolism.

While further studies are needed to investigate these possibilities, the dramatic difference in survival calls for behavioral interventions to promote early detection strategies in young men, the researchers said.



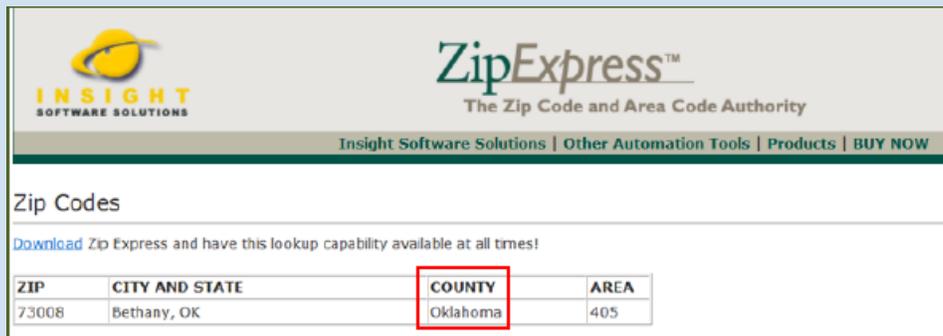
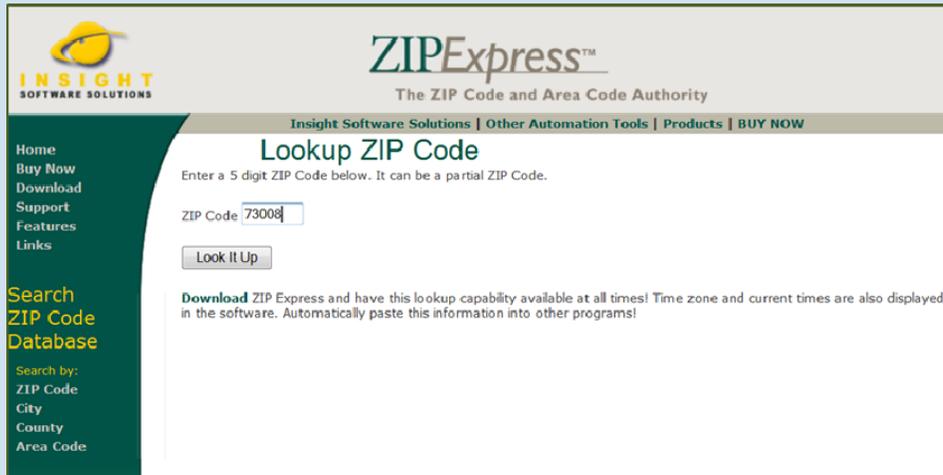
COUNTY AT DIAGNOSIS

By Jessica Taylor

The county at diagnosis code identifies the county of the patient’s residence at the time the tumor was diagnosed. This data item is often used for epidemiological purposes, such as measuring the cancer incidence in a particular geographic area. For U.S. residents, standard codes are those of the FIPS publication "Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas." Often registrars may not be familiar with what county a specific residence is located in. A simple way of determining what county a specific residence is located in is by using an online tool called “ZIPExpress™”. You can access this website at:

<http://www.getzips.com/zip.htm>.

The website gives you the option of downloading a trial version or purchasing the licensed version, but you do not have to do either of these. You can simply copy and paste the web address to your desktop for easy access to the website. Once you access the website, all you need to do is enter the patient’s zip code using the Lookup ZIP Code feature and it will provide the county.



Once you know the county name you can then use the look-up feature in Web Plus or RMCDS or by accessing the list of Oklahoma FIPS codes at <http://www.epa.gov/envirofw/html/codes/ok.html>.

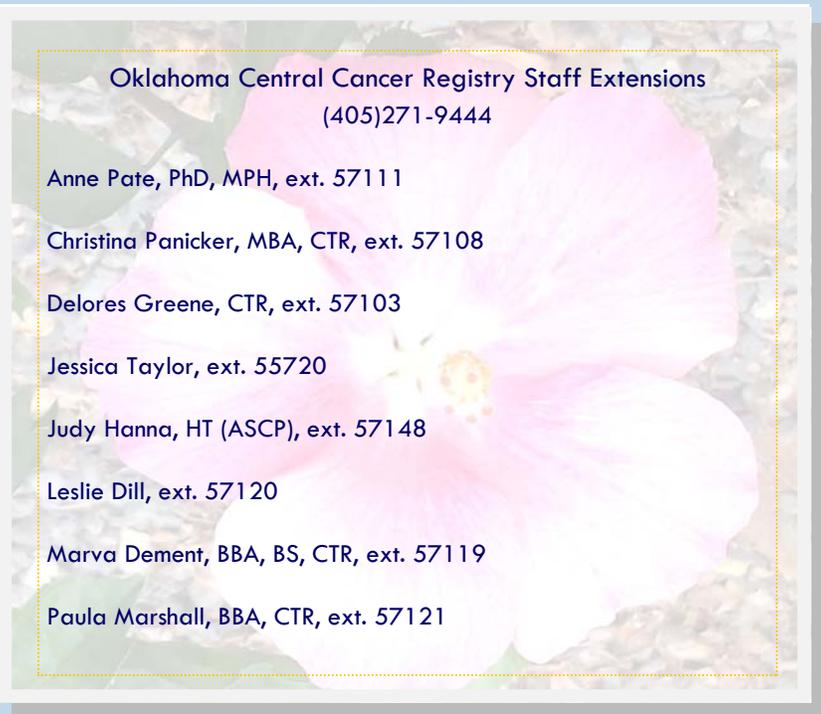
IMPORTANT If the patient has multiple tumors, the county codes may be different for each tumor so pay close attention to the address at diagnosis. Do not update the county at diagnosis if the patient’s county of residence changes.

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On the web: <http://occr.health.ok.gov>



SEPTEMBER IS...



Oklahoma Central Cancer Registry Staff Extensions
(405)271-9444

- Anne Pate, PhD, MPH, ext. 57111
- Christina Panicker, MBA, CTR, ext. 57108
- Delores Greene, CTR, ext. 57103
- Jessica Taylor, ext. 55720
- Judy Hanna, HT (ASCP), ext. 57148
- Leslie Dill, ext. 57120
- Marva Dement, BBA, BS, CTR, ext. 57119
- Paula Marshall, BBA, CTR, ext. 57121

Photo by Delores Greene, CTR

COMANCHE COUNTY MEMORIAL HOSPITAL GETS THE GOLD

By Leslie Dill

Congratulations to Comanche County Memorial Hospital who was surveyed by the Commission on Cancer (CoC) Chairman himself, Daniel McKellar, MD, in April and received accreditation with Gold Commendation!

Prior to their survey, Cancer Registrar, Debbie McDonald, CTR, attended *Accreditation 101: Learning the Basics of CoC Accreditation and Standards* in Austin, TX. The class was designed by the CoC for beginner cancer programs or new registrars. Although a seasoned registrar, Debbie claims, "That program was probably the single best thing I did prior to survey. The standards have changed so much over the past few years that I often feel like a 'beginner program or new registrar.' I was amazed at the clarification and insight they gave on all of the standards. It really was a step by step how-to and what you need to document for every standard in a one-day class. I'd highly recommend this program to every registrar in every program."

The next opportunity to take *Accreditation 101* is Friday, September 12, 2014 in San Antonio, TX.

OCCR was very pleased to learn of this news and excited to share it with other hospitals across Oklahoma. If your hospital has recently been surveyed and recognized for outstanding achievement, please let us know so that we can acknowledge your facility in our next newsletter.



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.

This publication is issued by the Oklahoma State Department of Health, as authorized by Terry Cline, PhD, Commissioner, Secretary of Health. Copies have not been printed but are available on the Oklahoma State Department of Health website at <http://occr.health.ok.gov>.