

OCCR NEWSFLASH

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FALL ISSUE

Meet Kaela, OCCR's New Cancer Registry Consultant

By Christina Panicker, MBA, CTR

OCCR is proud to introduce our new hospital consultant, Miss Kaela Barger. Born and raised an Okie, Kaela recently moved to Oklahoma City from her stomping grounds in Hydro, OK.

Kaela became interested in cancer registry because of the medical knowledge and critical thinking that it requires. A 2014 graduate of Southwestern Oklahoma State University (SWOSU), Kaela has a Bachelor of Science degree in Health Information Management and her RHIA credentials. At SWOSU, she contributed to some exciting team projects, including the design of a meaningful use website for the Oklahoma State Department of Health and creating a HIPAA training module for future HIM Students at SWOSU. In search of the ultimate networking experience, Kaela was also a student concierge for the 2013 Annual OKHIMA convention.



Kaela Barger, RHIA

Before joining us, Kaela had a variety of work experiences. She was an office assistant at SWOSU, a sales associate for AT&T, and her favorite job, working as a veterinary assistant. While she loves working with all animals and caring for their wellbeing, make no bones about it — her best pal is Josie, an Australian Shepherd.

Aside from the big city traffic and missing the freedom of the open country roads, Kaela is excited to be here and ready to begin working with the larger hospitals. Likewise, the OCCR staff is excited to have her join the team!

Meaningful Use Updates

By Anne Pate, PhD, MPH

The OSDH continues to make steps forward in being able to receive case information for Meaningful Use. A new coordinator, Brittany Alexander, was hired to assist in this process and is located in the OSDH Informatics Division. A new website should go live by the end of October to assist facilities and professionals in registering with OSDH to submit data. Additional information is available on the main OSDH website, www.health.ok.gov, under the Meaningful Use topic and is being updated regularly.

RMCDs Corner

By Paula Marshall, BBA, CTR



The OCCR has converted the main database to NAACCR version 14 and to CS 02.0550. If you have not converted your RMCDs system to version 14, please contact Paula for instructions. **It is strongly recommended to complete abstracting all 2013 cases before the conversion.** If your system is still in version 12.2 you need to contact me asap because your system is considered to be two conversions behind.

After the system is in version 14, please select the Central: Vs 14 State Example – Incoming Abstracts to run the correct edit set on your abstracted case. This is the same edit set that automatically runs on your data submission file when it is uploaded via Web Plus.

If you have any questions or need instructions to run the conversion please send me an email at paulam@health.ok.gov.

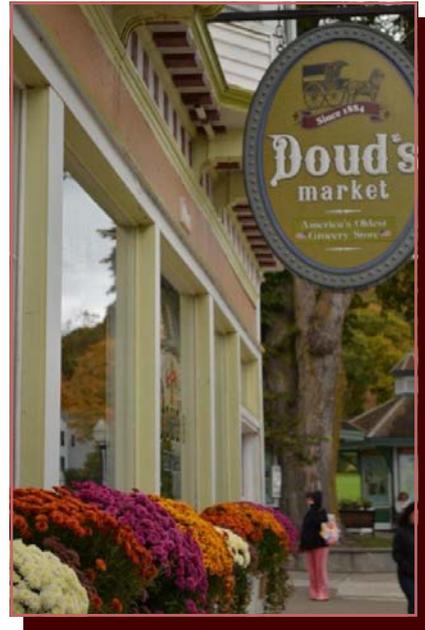
Pediatric Cases

By Anne Pate, PhD, MPH

Please don't forget to submit any cases of cancer diagnosed among pediatric or young adults (aged 0-19) within 30 days to OCCR. The variables are minimal and focus around the diagnosis. Treatment information is not necessary for this initial submission of the case.

The OCCR will be submitting these cases in the next month to CDC, so please send any cases you may have ASAP!

Thank you. We couldn't participate in projects such as this one without your support.



Web Plus

By Paula Marshall, BBA, CTR

The Web Plus application is currently in NAACCR version 14 and running the Central: Vs 14 State Example – Incoming Abstracts automatically when the file is uploaded. All files must be in the correct NAACCR version record layout. If you are uploading a NAACCR version 14 file, edits will be automatically run upon upload of the file. If your system is in NAACCR version 13 select option NAACCR V13 file and the running of edits will be deferred to the OCCR running edits manually. If the file contains edits, you will receive an email with the error report requesting that the errors be corrected and the file be resubmitted.

If you have any questions please email Paula at paulam@health.ok.gov.





Collaborative Stage Data Collection System



Collaborative Stage Version 02.05 Education Videos

by Delores Greene, CTR

The American Joint Committee on Cancer (AJCC) recently released 13 new Collaborative Stage (CS) education videos in tandem with v02.05. These CS Moments videos along with all of the AJCC and CS videos can be viewed directly on the [CS Education Page](#) or on the [AJCC YouTube channel](#). Cancer registrars are encouraged to view these resources and provide feedback, especially regarding topics for future coverage. Send feedback to CSv2@facs.org.



SEER*Educate — Learn by Doing

by Delores Greene, CTR

SEER is providing an excellent educational opportunity for registrars with two primary goals in mind: 1) Improve individual performance and 2) Improve accuracy and consistency of coding among the entire registry community. To learn more, go to <https://educate.fhcrc.org/>.

Using **SEER*Educate**, you train by completing multiple choice tests and coding exercises. In practical application, you click on a link to open the case scenario that is used with the coding form.

CTR Training
Real Cases
Free
CE Eligible
Digital Platform
Easy Access
Practical Applicable
Sustainable
Comprehensive

Using **SEER*Educate** as one of your training tools, you will see your coding accuracy and consistency improve as you code each case.

Individual results seen only by you

It's YOUR Data!

*By Sue Anderson, RN, CTR
Oklahoma Surgical Hospital, Tulsa, OK*

Completeness, timeliness, and quality of the data collected and submitted by you or by the facility where you are employed make a significant impact on the level of certification that our State Registry is awarded each year by The North American Association of Central Cancer Registries (NAACCR). The Oklahoma Central Cancer Registry (OCCR) has recently been awarded the Silver Certification for completeness and quality of data collection to be used for cancer statistics, surveillance, and research projects and activities.



Cancer data comes from all types of health care institutions: in-patient and out-patient hospitals and clinics, staff physician practices, pathology laboratories and facilities where radiation therapy is administered within the state of Oklahoma. Cancer information which includes demographics, methods of diagnosis, treatment practices and survival outcomes is eventually used for cancer incidence surveillance and other research projects.

Compilation and analysis of this data is used to establish standards of care and to inform policy makers such as insurance providers and legislators who make decisions about health care availability and delivery. This data is also utilized by the National Cancer Institute and the American Cancer Society for publications to the general public in North America.

It's YOUR data! Take personal responsibility for collecting the most accurate and complete information when entering cancer data as well as, submission of your data in a timely manner. That information may and could impact you or someone close to you if a diagnosis of cancer is made in the future. There is gratification in knowing that all cancer registrars working together in data reporting helps provide the best health care options for those affected by the disease of cancer. Take pride in your contribution to help the State Registry obtain the highest certification possible.....GOLD!



All fall photos seen in this issue were taken by Anne Pate, PhD, MPH

Preparing Data for Submission

By Delores Greene, CTR

Each year around Thanksgiving, OCCR submits data to the Centers for Disease Control and Prevention - National Program of Central Registries (CDC-NPCR) and to the North American Association of Central Cancer Registries (NAACCR). This year the data will include cases diagnosed between 1997 & 2013. Oklahoma data must meet the following criteria to be included in the United States Cancer Statistics (USCS) and to be recognized as a Silver Certified or Gold Certified registry for diagnosis years 1997-2012.

	Silver	Gold
Completeness	90%	95%
Passing Edits	97%	100%
DCO Only	<=5%	<=3%
Timeliness	Within 23 Months	
Duplicate Reports	<=2/1,000	<=1/1,000
Missing Sex, Age, County	<=3%	<=2%
Missing Race	<=5%	<=3%

405,961 cases submitted and 314,957 unique tumors were diagnosed in Oklahoma between 1997 and 2010. In 2012 Oklahoma received 27,457 case reports to date with 19,500 new cases identified.

After OCCR receives data from our reporters across the state, several steps in processing the cases are taken to assure high quality data will be submitted to CDC-NPCR and NAACCR.

The cases are processed into the main database, and those that have the same identifier, date of diagnosis, and primary site are automatically linked for review and possible consolidation. Other reports identify potential duplicate cases, multi-sequence cases and edits. Through this process, areas of improvement are identified and addressed, both at the OCCR and for reporting facilities.

We need your help in eliminating one error that seems to be common, assigning the sex code. When edits are run only two sites will pull an error for the wrong sex, prostate and ovary. If a primary site other than prostate and ovary is coded with the sex incorrect, the edit algorithm will not catch this edit. OCCR staff identifies this error when they are working death clearance, duplicates and consolidation.

The goal of every registry should be to have the best data possible. Visual editing is one way to ensure the best possible data with no coding errors. Get into the routine of doing a visual review of the completed abstract prior to moving on. Take a couple of minutes to double check the sex, ensuring it is coded correctly. *Code 1 for male and code 2 for female.* If the sex is coded wrong, statistical reports will not represent the true incidence of male versus female.

To summarize,  over each abstract to make certain that codes match the supporting text.



NCRA 2014 TNM and Summary Staging Webinar Series

By Leslie Dill

OCCR has purchased the NCRA 2014 TNM and Summary Stage Webinar Series and is making them available FREE to all Oklahoma cancer reporters. For your convenience, the webinars will be hosted in Oklahoma City and Tulsa locations at the times and dates listed below.



Each webinar will be presented at Integris Cancer Institute of Oklahoma, 5911 W. Memorial, Oklahoma City, and in Tulsa at Saint Francis Hospital, 6161 South Yale Ave. Specific conference room information and handouts will be emailed upon your registration for the webinar. Send your registration request to DeloresG@health.ok.gov.

October 1, 2014 Summary Stage General Rules

Join Steven Peace, BS, CTR, as he reviews Summary Stage general rules on Wednesday, October 1, 2014 at 1:00pm.

October 14, 2014 Summary Stage: Staging the Colon

Join Shirley Jordan Seay, PhD, OCN, CTR, as she discusses reporting time frames, sources of the disease and common concerns of staging the colon using the Summary Stage system on Tuesday, October 14, 2014 at 1:00pm.

October 15, 2014 Summary Stage: Staging the Breast

Join Lynda Douglas, CTR, as she discusses reporting time frames, sources of the disease and common concerns of staging the colon using the Summary Stage system on Wednesday, October 15, 2014 at 1:00pm.

October 22, 2014 TNM: General Rules

Join Carole Eberle, CTR, as she reviews the general rules for TNM staging on Wednesday, October 22, 2014 at 1:00pm.

November 6, 2014 TNM: Staging the Colon/Rectum

Join Jayne Holubowsky, CTR, as she guides participants through the process of clinically and pathologically staging cancer in the colon/rectum according to the TNM system on Thursday, November 6, 2014 at 1:00pm.

December 10, 2014 TNM: Staging Gynecologic Cancers

Join Barbara Denton, MS, CTR, as she guides participants through the process of clinically and pathologically staging gynecologic cancers according to the TNM system on Wednesday, December 10, 2014 at 1:00pm.





Death Clearance Process has Begun!

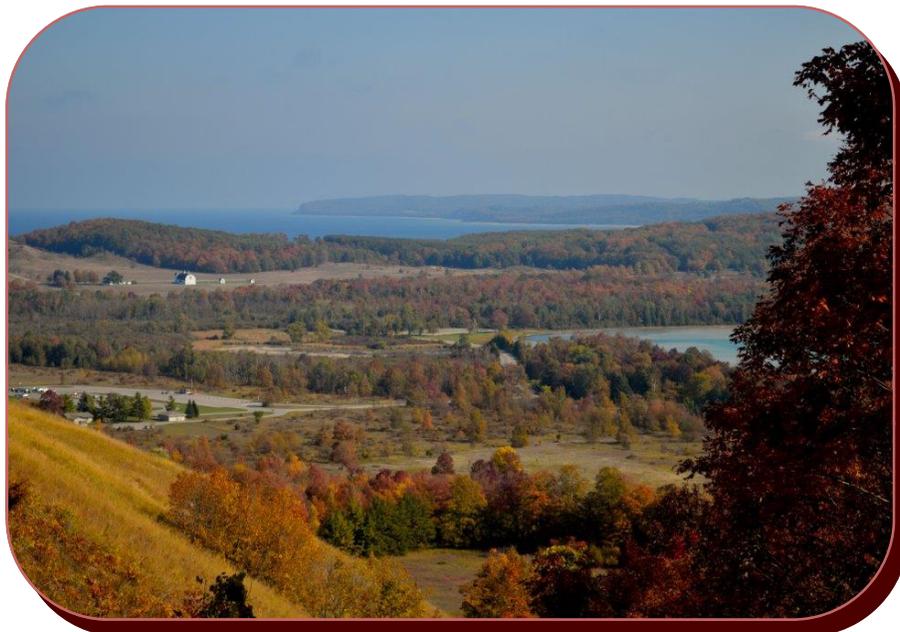
By Jessica Taylor

The use of the mortality files to update death information and increase reporting completeness is referred to as "death clearance." The OCCR uses death certificates for two purposes: (1) to update mortality and other follow-up information on cases already in the registry database, and (2) as a casefinding source. If we have death information but no related cases in our database, these are considered Death Certificate Only (DCO) cases. In order for a case to be taken out of DCO status we must receive additional information from at least one clinical source or medical record. We perform this "follow-back" by contacting the facility where the patient died. This year we have requested information on over 500 cases that we must clear from DCO status! We appreciate any and all help that you can provide the OCCR in this process. If you have received a request for information on a DCO case, please fax any information you have to Jessica Taylor at (405) 271-6315. For those of you who have already responded to our request, thank you!

OCCR Out of Office Dates

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

November 11, 2014 for Veterans Day
November 27 & 28, 2014 for Thanksgiving
December 24 & 25, 2014 for Christmas
January 1, 2015 for New Year's Day



NAACCR Cancer Registry and Surveillance Webinar Series

By Leslie Dill

OCCR has also purchased the 2014-2015 Series of the NAACCR Cancer Registry and Surveillance Webinars. Each of these webinars will be hosted in Oklahoma City and Tulsa locations from 8-11am on the dates shown below.

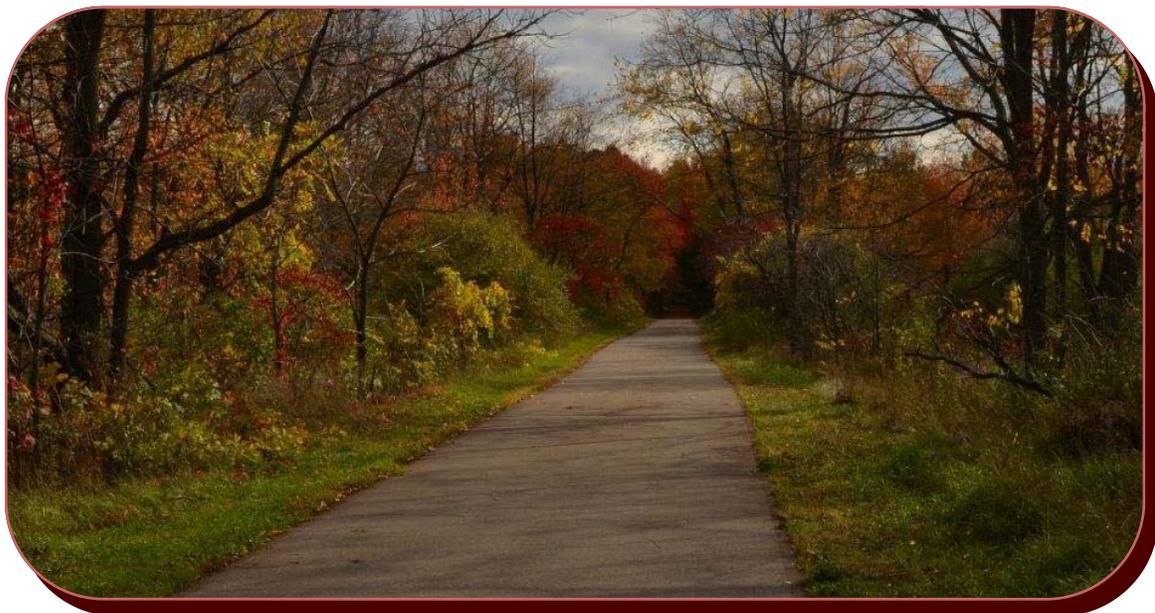


Hosting in Oklahoma City will be OU Medical Center, Samis Education Center, next to Children's Hospital, 1200 Children's Ave, basement level B-conference room C.

Hosting in Tulsa will be St. John Medical Center, Mary K. Chapman Health Plaza, 1819 E 19th St, in the Newman Room at the end of Lobby area.

The conference rooms may change unexpectedly, so please be sure to register to attend by emailing DeloresG@health.ok.gov. Upon registration, you will receive an email with webinar information and handouts.

- 10/2/14 Directly Coded Stage Data: Using the AJCC Cancer Staging Manual 7th Ed. and Summary Stage 2000
- 11/6/14 Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
- 12/4/14 Using the Multiple Primary and Histology (MP/H) Coding Rules
- 1/8/15 Collecting Cancer Data: Testis
- 2/5/15 Collecting Cancer Data: Uterus
- 3/5/15 Abstracting and Coding Boot Camp: Cancer Case Scenarios
- 4/2/15 Collecting Cancer Data: Stomach and Esophagus
- 5/7/15 Collecting Cancer Data: Larynx and Thyroid
- 6/4/15 Collecting Cancer Data: Pancreas
- 7/9/15 Survivorship Care Plans
- 8/6/15 Collecting Cancer Data: Central Nervous System
- 9/3/15 Coding Pitfalls



Webinars at a Glance Calendar

OCTOBER	MON	TUES	WED	THURS	FRI
			1 NCRA 1-2:30pm	2 NAACCR 8-11am	3
	6	7	8	9	10
	13	14 NCRA 1-2:30	15 NCRA 1-2:30pm	16	17
	20	21	22 NCRA 1-2:30pm	23	24
	27	28	29	30	31

NAACCR Webinar

NCRA Webinar

NOVEMBER	MON	TUES	WED	THURS	FRI
	3	4	5	6 NAACCR 8-11am NCRA 1-2:30pm	7
	10	11	12	13	14
	17	18	19	20	21
24	25	26	27	28	

DECEMBER	MON	TUES	WED	THURS	FRI
	1	2	3	4 NAACCR 8-11am	5
	8	9	10 NCRA 1-2:30pm	11	12
	15	16	17	18	19
	22	23	24	25	26
29	30	31			

Get Your Cancer Registry Noticed

Presented by Melissa Riddle, RHIT, CTR and reviewed by Marva Dement, BBA, BS, CTR

There were so many wonderful presentations at the 2014 M.O.K.A. Regional Cancer Registrars Meeting in Branson, MO last week that it was difficult to pick just one topic to review. I chose one that everyone should do, but most do not, because too many other things have to be done.



Melissa Riddle, RHIT, CTR presented “Get Your Cancer Registry Noticed!” through marketing. Marketing is the process of communicating the value of a product or service to customers. Melissa stated that you need to let administrators and physicians know where they can go to get cancer data. Your phone and e-mail should be full of requests for data. You need to find the customer’s need, because knowing their need will create a demand for your service (job security). If you should see that your facility is listing cancer data in brochures, newspapers, etc., and you didn’t provide the information, you should make some phone calls to find out where the data actually came from. Only YOU can provide accurate data regarding the cancer registry.

Branding is one of the most important things you can do. It delivers the message clearly, connects the target audience emotionally and motivates the consumer. You should define the registry, give the purpose of the registry and tell what the registry offers. You can start branding by putting the cancer registry on the website, in a brochure, an e-mail tagline or on social media. This should all be approved by your legal department first.

Most importantly, keep the quality of data a priority. When someone requests a report you should review the data first. If anything is odd, search to find the answer, review the report again and then have another CTR review the report. Your marketing value will not be worth much if your data shows errors, discrepancies, or just doesn’t make sense.

2014 + Grade Flowchart

By Delores Greene, CTR

Coding Grade has been a challenge for seasoned CTRs and those new to the profession. The NCRA Advanced Education Committee is trying to make the task less onerous by introducing a flowchart developed by Committee members. The **2014 + Grade Flowchart** offers a simplified perspective on interpreting and assigning this important field. Download the 2014+ Grade Flowchart at <http://www.cancerregistryeducation.org/resources>.

General Rules for assigning the correct grade can be found at <http://seer.cancer.gov/tools/grade>.



ICD-O-3 Updates

By Delores Greene, CTR

The North American Association of Central Cancer Registries (NAACCR) ICD-O-3 Implementation Work Group has issued guidelines for implementation of the ICD-O-3 Updates. These updates are effective starting with the January 1, 2014 cases. You can get a copy of the **Guidelines for ICD-O-3 Implementation** by going to <http://www.naacr.org/StandardsandRegistryOperations/ImplementationGuidelines.aspx>

Please print a copy and place in your ICD-O-3 manual for quick reference.

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Paula Marshall, BBA, CTR

October: Breast Cancer Awareness Month

By Judy Hanna, HT (ASCP)

October is Breast Cancer Awareness Month, which is an annual campaign to increase awareness of the disease. While most people are aware of breast cancer, many forget to take the steps to have a plan to detect the disease in its early stages and encourage others to do the same. Here are just a few things you can do: Create an early detection plan and invite others to do the same. Share "Beyond the Shock," our breast cancer educational resource, with friends and family, or host a fundraiser to help provide mammograms for women in need.

We have made a lot of progress but still have a long way to go and need your help!



National Breast Cancer Foundation, Inc.
2600 Network Blvd., Suite 300
Frisco, Texas 75034
Nationalbreastcancer.org

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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