

OCCR NewsFlash

Oklahoma Central Cancer Registry

National Cancer Registrars Week

By Christina Panicker, MBA

The dedication and service provided by cancer registrars should be recognized on a consistent basis. Their work impacts individuals on many levels and is effective towards providing better cancer data management. The National Cancer Registrars Association (NCRA) is celebrating National Cancer Registrars Week this year on April 9-13. Managing cancer information is important throughout the year. Let's celebrate cancer registrar's jobs and accomplishments together. One of the most admirable traits of a registrar is their ability to learn constantly. They need to be able to understand and use various guidelines regularly. Many of the guidelines used are updated frequently and require individuals to have a thirst for knowledge and the initiative to adapt to changes. Cancer registrars not only have the tenacity, but they have the compassion for the individuals whose lives their work reflects. Although there is a shortage of cancer registrars nationwide, those who are already in the field use their hard work and determination to analyze data and take care of the workload that is present. We appreciate the dedication and hours that registrars put in. Many individuals and health care professionals rely on them. We support and count on them to make the lives of patients and individuals better.

NATIONAL CANCER REGISTRARS WEEK APRIL 9 - 13, 2012



OCCR Conversion to NAACCR 12.2 CS v0204

By Paula Marshall, BBA, CTR

The Oklahoma Central Cancer Registry (OCCR) will convert our database when the v12.2 compliant software is released by our software vendor, RMCDS. OCCR will accept 2011 and 2012 data in the new format (NAACCR 12.2 CS v0204), however, the file will be held and not processed until such time that we convert to the new format. Please keep in mind that if you go ahead and convert to the new format before you have completed abstracting 2011 data, you will be required to code the 2011 cases using the new CS v0204 codes.



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Recording Date of First Contact

By Delores, Greene, CTR

Clarified Date of First Contact

Date of first contact is the date the patient entered your facility to establish a diagnosis or for first-course of treatment of a reportable condition. An example of this would be:

Patient A has an outpatient radiology study at your facility that is suspicious for or diagnostic of cancer and goes on to have a positive biopsy in a staff physician's office; the date of first contact is the date the cancer was diagnosed from the radiology study.

Patient B has suspected cancer. As an inpatient for work-up or first-course of treatment, the date of first contact is the date of admission to the facility.

Patient C was diagnosed elsewhere and sent to your facility's radiologist for preliminary planning for radiation, then the patient went elsewhere for surgery and returned for radiation only after a lengthy recovery from the surgery. Date of First Contact is the date the patient returned for radiation.

Patient D is admitted for an unrelated condition, and an incidental finding of malignancy is determined; the date of first contact is the day the malignancy is determined.

For more information, please see FORDS Manual revised for 2011 on page 95. Registrars are instructed to record the date the patient first had contact with the facility, as either an inpatient or outpatient for diagnosis, and/or first-course treatment of a reportable tumor. The date may be the date of an outpatient visit for a biopsy, x-ray, or laboratory test, or the date a pathology specimen was collected.

"Pleasure in the job puts perfection in the work."

Aristotle

Web Plus Update

By Paula Marshall, BBA, CTR

Web Plus will soon replace our secure web site, OCROW, for online abstracting, file upload/download and follow-back efforts. The online abstracting feature will be utilized by facilities that currently abstract cases online via OCROW, while the file upload feature will be used for electronic submission of data to the central cancer registry. The Web Plus follow-back features will enable OCCR to upload partially-filled abstracts generated from death certificate, pathology lab files, etc., and to notify the reporter via email to log in and update the abstract.

Web Plus allows the central registry to assign display types and edits for different facilities and types of cancer reporters. All records are saved in a database at the hosting central cancer registry and cases entered by one facility or office are not visible to other facilities. Data entered are validated by the CDC EDITS engine running on a web server.

Web Plus is hosted on a secure Web server that has a digital certificate installed and the communication between the client and the server is encrypted with Secure Socket Layer (SSL) technology. Web Plus requires Microsoft Internet Explorer version 5.0 or later or a Mozilla browser to operate the system fully. Although Web Plus may work at 800 X 600 resolution, you may have trouble with some features. It can be best viewed at 1024 X 768 or higher when using the Web Plus application.

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Oklahoma Gains Two New CTR's

By Leslie Dill

Between September 10-24, 2011, one hundred twenty candidates worldwide passed the certified tumor registrars exam. Of those candidates, two were from Oklahoma, Danette Clark of Glenpool and Barbara Murray of Yukon.

In 2005, Danette started out as a registered medical assistant in North Carolina. Two years later found Danette in Tulsa, OK at Saint Francis Hospital. In 2009, she became supervisor of the Saint Francis Breast Center. Danette states that, "the registry (field) chose her" when she was offered a promotion in the cancer registry. Danette had no idea what a

cancer registry was, but her strong background as an RMA and her management experience made her a perfect fit for the tumor registry. She is responsible for not only the registry at Saint Francis, but also for making sure the cancer program there meets all of the CoC standards. Saint Francis was surveyed in November 2011 and received 3 year Accreditation with Commendation, one of Danette's most significant professional achievements.

Barbara Murray graduated from a Nuclear Medicine Technology program in KY with an Associates in Applied Science in 2007. Shortly thereafter, she moved to OK and got her CNMT certification, or Certified Nuclear Medicine Technician in February of 2008. Because jobs in this field were hard to find at that time, Barbara took a job in patient accounts and coding at Mercy Hospital. She continued to look for a job in nuclear medicine technology. By doing so, she stumbled upon the opening



at Mercy for a cancer registrar. Between her degree, CNMT certification, experience at Mercy in patient accounts and coding—not to mention a twenty-year career working extensively with Southwestern Bell Telephone's database— Barbara had enough bits and pieces of the skills required by a tumor registrar to be successful. She transferred to Mercy's cancer registry in 2008 and has been there since!

OCCR wishes to congratulate Danette and Barbara on this outstanding achievement. Great job!



**The CTR FALL testing window is Sept. 8-22, 2012
Application due: July 31, 2012**

"When your work speaks for itself, don't interrupt."

Henry J. Kaiser



The Oklahoma Cancer Registrars Association (OCRA) will be celebrating their 40th anniversary this year. Watch for more details to be announced as time draws closer to the OCRA Fall Workshop.

OCCR Introduces New Staff

By Leslie Dill

OCCR would like to introduce two new members of our registry team. First, Ms. Marva Dement was hired in November as Quality Assurance Specialist. She brings a great deal of experience to the registry. A graduate of University of Central Oklahoma with a BBA in Office Administration and a BS in Secondary Education, Marva planned to be a teacher. Lucky for us, she learned quickly that teaching high school was NOT for her! Instead, Marva went to work for Integris



Southwest Medical Center. In 1991, she began working in their cancer registry, and during this time, obtained her CTR credentials. In 2011, she retired from Integris Southwest Medical Center after 33 years of service!

On a personal note, Marva is an aunt to 1 beautiful niece, 2 handsome nephews, 4 very intelligent and entertaining great-nieces and 1 great-nephew who is, she says "the nicest kid you'll ever meet!"

In December, Jessica Taylor joined OCCR as a consultant to the treatment facilities. Jessica's background includes experience with



Heartland Pathology as a transcriptionist, transcribing gross descriptions, and analysis of tissue specimens for inclusion in pathology reports.

She also spent over 7 years at Oklahoma Breast Care Center where she was a quality assurance specialist and medical transcriptionist of biopsies, MRIs, screening and diagnostic breast reports.

Outside of work, Jessica is a wife and mother of 4, two of which are 1 year old twins!

We are thrilled to add Marva and Jessica to our staff and look forward to gaining from their experience.



WELCOME

SEER Abstract Addendum Generator for 2012

By Paula Marshall, BBA, CTR

While the ideal situation is that all 2012 cases are abstracted into CS v0204 software, some facilities/registries may need to abstract 2012 cases before their abstracting software can be updated to CS v0204. This tool lists the CS fields and space to abstract the information needed for CS v0204. You must have Word 2003 or later on your computer to run this tool.

Based on the site and histology (and if needed CS Site-Specific Factor 25 discriminator) entered by the user, the correct schema will be chosen. Clicking the "Generate Table" button will create a table within the program interface where codes and rationale/documentation can be entered. The table will contain a listing of new fields and CS fields for v0402 including the names of all of the CS site-specific factors for this schema.

See <http://www.seer.cancer.gov/tools/absgenerator> for more information.



Questions to the Experts

(SEER, NAACCR, NCI and April Fritz, RHIT, CTR)

By Delores Greene, CTR

Question:

NCRA magazine posted an answer to a data collection 2010-2011 on page 11: "What site code should be used for angiosarcoma of the breast?" The answer given was "Code the primary site to breast (C50._) although angiosarcoma actually originates in the lining of the blood vessels and angiosarcoma originating in the breast has a poorer prognosis than many other breast tumors."

This does not make sense and does not pass edits. Is this true and, if so, histology and primary site won't pass edits. Do I override?

The experts answer:

After much discussion with colleagues, it was determined there are two issues here: Do you want to record this case as a breast sarcoma or have it staged? Unfortunately, the way CS and AJCC are set up, you can't have both. Currently the instructions are as the NCRA connection article have indicated: Code to the primary site of the breast with the angiosarcoma histology. Fill out all the data items related to the breast; however, if you do this, the case will not stage, according to AJCC. For you to stage this case, you must use the Soft Tissue Schema, which requires that you have a primary site code with C47._ or C49._.

The expert's initial response was based on wanting the case to stage; however, her colleagues felt it was more important to know this is a breast sarcoma. Physicians were also consulted and agreed with this. You will override the edit.

This question has been added to their ever-growing list of things to discuss regarding future updates to Collaborative Staging.

Question:

Is it appropriate to assign C62.0 for a testis case if the H&P states the patient underwent orchiopexy of the testicle at age 8? Obviously, at the time of diagnosis, the testicle was in the scrotum, but only because of prior surgical intervention for cryptorchidism. Should this case be assigned C62.0 or C62.1?

The experts answer:

Code the case to descended testis (in scrotum at diagnosis). Use C62.0 only when the testis is in the peritoneum at diagnosis.

Undescended testis is a huge risk factor for testicular cancer. Once the testis is surgically in the scrotum (orchiopexy), the risk goes almost to normal as the boy matures.

Question:

Patient with sigmoid colon cancer has a segmental resection. Path report notes 02/12 lymph nodes (no further identification of lymph nodes –i.e. inferior mesenteric, etc.). Do you code the CS lymph nodes to "regional nodes, NOS" or do you use the more specific code for regional lymph nodes for the specific subsite (sigmoid) based on the site of surgical resection?

The experts answer:

In the situation described for colon primary, you would assign code 300, regional lymph nodes NOS, based on the coding instructions for CS lymph nodes found in Part I section 1. Any unidentified nodes included with the resected primary site specimen are to be coded as regional lymph nodes, NOS.

continued on page 6



**"When you're doing
the work you're
meant to do, it feels
right and every day is
a bonus, regardless of
what you're getting
paid."**

Oprah Winfrey





Questions to the Experts, continued from page 5

Question:

I need clarification on a statement made during one of the NAACCR Webinars. It was stated that the timing rule applies from the time of each recurrence not from the original date of diagnosis. When I read the MPH Manual, the Timing rule states, "Tumors diagnosed more than ___years apart are multiple primaries. I do not find where it states, "From the time of recurrence you start the count for number of years."

The experts answer:

You are correct this is not stated clearly in the existing rules. We are talking about, for example, a 3-year disease-free interval. If the patient is constantly having recurrences, it would not be reasonable to say that the recurrence that happened 3 years after the original tumor was diagnosed was not a new primary. This issue will be clarified in the new MPH rules scheduled for implementation January 1, 2013. For now continue collecting as you have been doing. Make the change when the new rules are issued in 2013. This was brought up in the NAACCR webinar mainly so reporters could be forewarned of the changes that would be coming.

Thank you to those who shared answers to their questions from the experts. If you have sought out an answer from the experts and would like to share, please send them to: deloresg@health.ok.gov.

Finasteride...a Hormone?

By Paula Marshall, BBA, CTR

Scenario: A patient has a PSA of 12 about a month before biopsy and is referred to Urology because of that PSA level. His PSA a couple of weeks before the biopsy is 7, after a prescription of Finasteride, but no antibiotic. He has a Gleason's 6 on biopsy.

Question: Should we use the PSA level of 12 for staging, which would give him a Stage IIA, or should we use the PSA level of 7 for staging (immediately prior PSA), which would give him a stage I.

Answer from April Fritz: Finasteride is an inhibitor of 5-alpha reductase by being an aza analog of testosterone, thereby initially binding to 5-alpha reductase similarly to testosterone, but with the effect of remaining bound to it rather than being converted, thereby blocking the space that testosterone would otherwise have taken. By blocking 5-alpha reductase, finasteride blocks the conversion of testosterone into the more powerful androgen DHT. ... In the prostate, inhibition of 5-alpha reductase leads to a reduction of prostate volume, which improves the symptoms of benign prostatic hyperplasia (BPH) and reduces the risk of prostate cancer.

Finasteride (proscar, propecia) acts as an inhibitor of the enzyme that converts testosterone to dihydrotestosterone, which is more powerful.

If the drug is an analog of testosterone, we must classify it as a hormone. Therefore, the patient started hormone therapy when he was given Finasteride. It was effective in reducing his PSA level.

Based on this, I would use the PSA of 12 in the site-specific factor because it was measured prior to the start of ANY treatment.



NOTE:

*Finasteride is not listed currently in SEER*Rx (Sept 2010 release), but is on the list to add to SEER*Rx in the next update (Spring 2012) and has received FDA approval for treatment of prostate cancer.*



RMCDs CORNER

By Paula Marshall, BBA CTR

NAACCR 12.2 CSv0204 Upgrade

If you are a RMCDs user and waiting to receive the software upgrade to NAACCR 12.2 CS v0204 so you can start to abstract 2012 cases, there are several options listed below:

Abstract the cases in RMCDs with the exception of coding Collaborative Stage. The cases will need to be put in suspense and once your system has been converted, code the CS according to the new CS v0204 codes and release from suspense.

Gather and hold the necessary information to abstract the cases until your system has been converted; abstract the cases into RMCDs using the new CS v0204 codes.

Utilize the SEER Abstract Addendum Generator that is described in this newsletter on page 3. The tool can be downloaded at <http://www.seer.cancer.gov/tools/absgenerator>.

Please remember that NAACCR 12.2 CS v0204 MUST be used to code all cases diagnosed on or after January 1, 2012. Once the upgrade has been implemented into the system, all newly abstracted cases diagnosed from 2004 forward should be coded with the new CS v0204 codes. OCCR will NOT accept 2012 data unless it is in the correct format.

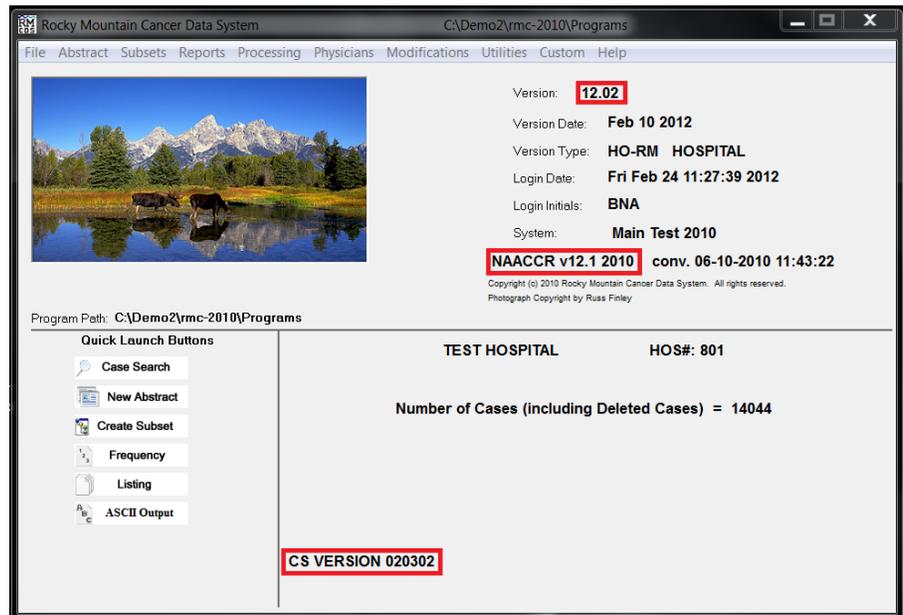
RMCDs Conversion

According to the OCCR submission schedule, all cancer cases diagnosed in July 2011 should be received by OCCR by January 2012. If you are abstracting 2011 cases, your RMCDs system should reflect version 12.1 or higher and CS Version 020302. See the screen shot below.

If you have any questions or need help with the conversion, please contact Paula Marshall at paulam@health.ok.gov or (405)271-9444/ext 57121.

**"It's not the hours
you put in your work
that counts; it's the
work you put in the
hours."**

Sam Ewing





Pediatric Early Case Capture

By Anne Pate, MPH, PhD

The OCCR would like to announce the initiation of an exciting new project, the Pediatric Early Case Capture (ECC) system. The registry has recently received funding from CDC to develop a system that will identify and rapidly obtain a limited dataset on reportable cancers diagnosed in any individuals between ages 0 and 19. Oklahoma was one of only seven states that were funded for this project, so we are extremely excited about being part of this new project. The states involved in the project include: California, Kentucky, Louisiana, Minnesota, Nebraska, New York, and Oklahoma. The long-term (3 year) goal of this project is to receive case information within 30 days of diagnosis, and the OCCR will be working to achieve this through a variety of methods within the next three years. The goal for the first year of the grant is to receive cases within 120 days of diagnosis. The OCCR will be submitting its first dataset of pediatric cases diagnosed between January and June 2012 to CDC in October 2012.

The trend in cancer reporting at the national level is becoming more and more electronic and there is a big push for receiving cases as real-time as possible. One of the reasons behind this is for improved cancer surveillance reports to identify areas of need more rapidly and to see the impact of interventions. Another reason for the rapid identification and reporting of cancer cases is to improve the potential cases for clinical trials in a timely manner. In Oklahoma, having an early case capture system could potentially encourage new researchers to initiate new projects and clinical trials in the state, which could ultimately result in higher survival rates for our residents diagnosed with cancer.

The OCCR will be sending out introductory letters in the next several months to any facility that has been identified as ever having submitted a pediatric case. These letters will contain more detailed information about what is expected for this project. Please be aware of any pediatric case you identify in your case-finding activities, and if you have not yet been notified, please contact the OCCR and we will provide you with instructions on how to submit these cases for this project. We appreciate your help on this project greatly and want to thank you in advance for helping us promote Oklahoma in the realm of cancer research and clinical trials! If you have any questions, please don't hesitate to contact Anne Pate at: AnneB@health.ok.gov or (405)271-9444/ext 57111.

"The best way to appreciate your job is to imagine yourself without one."

Oscar Wilde



Sunday, March 11, 2012



**“Work saves us from
three great evils:
boredom, vice and
need.”**

Voltaire

Conversion to NAACCR 12.2

By Paula Marshall, BBA, CTR

The major update in NAACCR version 12.2 from version 12.1 is the conversion from Collaborative Stage version 02.03 to version 02.04 (CS v0204). A conversion of existing data will be required before implementing v0204.

Highlights of the CSv02.04 release:

- The new release will be effective for all cases diagnosed January 1, 2012 and later. It may be used for earlier cases.
- Over 100 changes are incorporated in v02.04:
 - 11 updates to CS Coding Instructions, Part I, Section 1
 - 16 updates to CS Coding Instructions, Part I, Section 2
 - 110 updates to the site-specific schemas and associated sections in the CS Coding Instructions, Part II (Schemas)
- A minimal number of cases will require manual review during the conversion.
- For further information, visit: <http://www.cancerstaging.org/cstag/index.html>.

NAACCR Webinars 2011-2012 Series

By Leslie Dill

The next NAACCR Webinar will be held Thursday, April 5, 2012, starting at 8:00 a.m. and ending at 11:00 a.m. The topic will be “Collecting Cancer Data: Lower Digestive System.”

The webinar will be held at two locations: Deaconess Hospital in Oklahoma City, 5501 N. Portland, and St John Medical Center in Tulsa, Mary K. Chapman Health Plaza, 1819 E 19th Street, in the Newman Room (end of lobby area).

The remaining webinars in this series are:

- ◆ 4/5/2012 Collecting Cancer Data: Lower Digestive System
- ◆ 5/3/12 Collecting Cancer Data: Hematopoietic
- ◆ 6/14/12 Using and Interpreting Data Quality Indicators
- ◆ 7/12/12 ICD-10-CM and Cancer Surveillance
- ◆ 8/2/12 Collecting Cancer Data: Melanoma of Skin
- ◆ 9/6/12 Coding Pitfalls

To register, please e-mail deloresg@health.ok.gov.



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Web Plus Update, *continued from page 2*

Currently, we have beta tested the application at one facility with much success and will continue to beta test at various facilities before implementation. The transition to Web Plus will be in groups by

type of reporting source, i.e., surgery centers, physicians, hospitals, etc.

Regional trainings and the Web Plus Training Manual for Facility Abstractors will be

made available. If you have any questions, please contact Paula Marshall: (405)271-9444/ ext 57121, or email: paulam@health.ok.gov.

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