OCCR NewsFlash

Oklahoma Central Cancer Registry | Oklahoma State Department of Health

May 2010

Important Updates from the OCCR Data Manager

By Paula Marshall, BBA, CTR

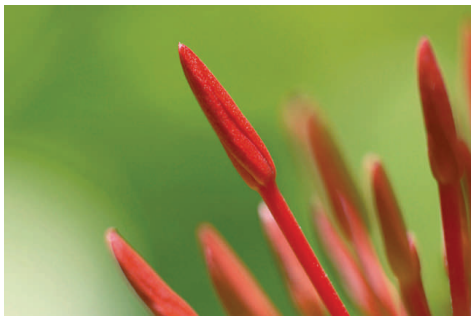
RMCDS Update

OCCR plans to convert our database at the beginning of June after which time we will begin coordinating conversions with facilities that utilize RMCDS software for reporting. It is strongly recommended that you complete 2009 cases before you convert your software to CSv2. When you have completed 2009 cases, please contact your consultant in order to schedule the conversion of your software.

As stated in our previous newsletter, you may choose to continue abstracting 2010 cases with the following guidelines:

- Download the CSv2 manual to your desktop once it is available at: http://www.cancerstaging.org/cstage
- Download the Hematopoietic Database to your desktop at: http://www.seer.cancer.gov/tools/heme
- Enter case in suspense
- Enter demographic information, primary site and histology
- Refer to CSv2 manual and the Hematopoietic Database in order to enter text within the abstract to support the CSv2 codes and new hematopoietic guidelines
- After your data has been converted review your 2010 cases placed in suspense and enter the new CSv2 codes according to the documented text
- Take cases out of suspense, run edits and submit data to OCCR

CSv2 Update



In our February 2010 newsletter we emphasized *cases diagnosed on or after January 1, 2010, must be coded using CSv2.* Some registrars may be finished abstracting 2009 cases while others are on schedule with the June, 2010 deadline. Whatever your status, please make note that OCCR will not accept any 2010 data that has not been coded with CSv2 codes.

Our software vendor, RMCDS, is currently testing the CSv2 conversion utility and will start coordinating conversions with state registries in late May to early June. Once OCCR has converted and is confident with the changes, we will begin to accept 2010 data.

If your facility utilizes a software vendor other than what is provided by the state registry, it is strongly recommended that you work closely with them to coordinate a timely conversion.

Web Plus Update

Web Plus requires the same program conversions for CSv2, therefore, the transition from OCROW to Web Plus will not take place as soon as anticipated. As you continue to utilize OCROW for cancer reporting, please enter all text available regarding the cancer diagnosis and/or treatment. This will assist the state registrars in recoding data fields with the new CSv2 codes and fewer call backs to the facility registrar for additional information. When Web Plus has been updated with CSv2 programs and is in full production, you will be contacted to coordinate the transition from OCROW to Web Plus at your facility.

Creating a State of Health

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Text: The Key to a Good Abstract

By Delores Greene, CTR

In the last issue of OCCR's newsletter, I wrote an article concerning the requirement of text beginning with our 2010 data. For this issue, I would like to give a little more information concerning text within an abstract.

Text and codes go hand and hand in an abstract. Both are a significant part of cancer reporting. Text should support and justify codes and should ultimately tell the same story as the codes used. Codes are a short hand for text and are used for running reports for studies. Below is an example of a case with codes supported by text.

Data Item	Code	Text
Primary Site	C505	Palpable Lt breast mass, lower outer quadrant, axillary no palpable nodes
Histology	8500/3	Infiltrating ductal carcinoma Lt breast, 1.6 cm, 00/01 LN
Grade	2	Nuclear grade 2/3
Tumor Size	016 mm	See histology
CS Tumor	10	Tumor confined to breast tissue and fat; localized
CS Nodes	0	See Histology
CS Mets	0	LN negative by PE and Path
Treatment		Excisional bx; radiation therapy, hormone therapy recommended
Biopsy	02	10-7-09 Mammotome bx Lt breast mass
Surgery	24	10-20-09 Segmental mastectomy with sentinel node bx.
Radiation	18	Radiation Lt breast 12-6-09
Rx Modality	24	6 MV
Hormone	88	Hormone therapy recommended, unknown if given
H & P		Pt presented with a palpable mass in the LOQ of the left breast; no palpable axillary nodes. No previous hx of cancer.
X-rays		9-20-09 Mammogram showed a 1.5 cm lesion in the lt breast. Rt breast neg. 9-25-09: US lt breast mass: 1.6 cm mass lt breast LOQ
Lab		ER+PR+, HER2-NEU Amplified

Think of abstracting this way; when a cancer registrar creates an abstract they are actually writing a story about the patient with cancer. This story is recorded for all time. Codes are necessary, but text is an important additional piece in completing the story. Text should tell the same story as the codes used.

No registrar makes mistakes on purpose and it is very easy to key in a wrong number or code when typing. This happens to even the best typist. Without adequate text, not even the person who abstracted the case can tell whether the code is correct. The only way to check would be to review the medical record for coding justification.

Try this exercise! Take a sheet of paper and cover the text side of the example above. All you see are codes. Now answer this question. Which abstract would you like to review for quality assurance, the one with only codes or the one with codes and text?

Note: Beginning with the 2010 cases, if submitted without text to support the coding, the abstract will not be considered complete and will be rejected by OCCR.

Save the Date! Save the Date! Save the Date! Save the Date!

September 23 & 24, 2010

The Oklahoma Cancer Registrars Association (OCRA) Fall Conference will be hosted at the Muskogee Regional Hospital on Thursday and Friday, September 23rd and 24th. This conference will focus on colorectal cancer with emphasis on diagnosis, treatment and outcomes as well as changes for collaborative staging. For more details as they are announced go to: www.ocra-ok.org/education.asp.

2009 Cases Due NOW!

By Delores Greene, CTR

OCCR annually submits a data file to the NPCR-NAACCR Coordinated Call for Data that meets the reporting requirements outlined in the NPCR-CSS Submission Specifications and meets criteria for publication in *United States Cancer Statistics*. In November 2009, we submitted the first file that included cases diagnosed beginning with our reference year, 1997, through December 31, 2007. In January, 2010 we submitted the second file that included 12-month data for 2008 diagnosis. This year the NPCR -NAACCR Coordinated Call for Data will require both files to be submitted in November. **The bottom line** is that OCCR will be submitting data files to the Coordinated Call for Data 3 months earlier than in previous years. This not only affects the Central Registry but it affects each reporter in Oklahoma.

OCCR is asking for your help! We need your 2009 data submitted no later than August of 2010. This will allow the OCCR staff the time needed for processing the 2009 cases and preparing them for submission in November 2010.

May is already here and according to the OCCR Submission Schedule (to the right), reporters should be abstracting November 2009 cases now. If this is not the case, we strongly recommend that you call your consultant immediately and formulate a plan to get your 2009 cases submitted to OCCR by August 2010

When facilities are caught up, OCCR consultants can help average caseloads for 2010. Once averaged, the information should be shared with supervisors in the hopes that this will help them better understand the time needed for case finding and abstracting cases each month. Cancer cases should be uploaded monthly as presented in the OCCR Submission Schedule seen here.

OCCR Submission Schedule 180 Days / 6 Months from Date of First Contact

Month of Diagnosis	Month of Receipt by OCCR
January 2009	July 2009
February 2009	August 2009
March 2009	September 2009
April 2009	October 2009
May 2009	November 2009
June 2009	December 2009
July 2009	January 2010
August 2009	February 2010
September 2009	March 2010

Updating Data Use Agreements

By Paula Marshall, BBA, CTR

It is the responsibility of OCCR to update the Data Use Agreement yearly with all facilities that utilize the Vital Statistics data via OCROW for follow-up purposes. Everyone who has access to OCROW will be required to complete the confidentiality form which will be emailed to you soon. We appreciate your cooperation, and if you have any questions, please contact Paula Marshall at 405-271-9444/ext:57121 or paulam@health.ok.gov

OCCR 2008 Death Clearance

by Beth Watwood, RHIA, CTR

It's that time of year again! By this time, Death Clearance letters for 2008 have been mailed to all physicians/facilities associated with patients who died in 2008 with a diagnosis of cancer and who have not been reported to OCCR. As most of you are aware our staff size has significantly decreased and because of this, some of our efforts may not align within timeframes of the past. If you receive one of these letters, it means that your facility was indicated through special linkages as a treating facility at some point in 2008 for the patients listed on your letter. You may report these cases through your established reporting system but it is important to let us know that you plan to report those cases. You can either give us a call or return the request for medical records, including notes on those cases that you plan to abstract. Otherwise, it is imperative that we receive any medical records pertaining to a cancer diagnosis OR receive notification that you do not have the requested information. If you have any questions, please contact me at 405-271-4072 ext 55720 or BethW@health.ok.gov.

Upcoming Educational Webinars: May through July 2010

Where: Two locations, Oklahoma City and Tulsa

Cost: No Charge + 4 hrs CEU credits per session

To register contact: Leslie Dill, LeslieD@health.ok.gov OR Delores Greene, DeloresG@health.ok.gov

Webinar	Date	Time	Topic	OKC Location	Tulsa Location
NAACCR	5/6/2010	8 -11	Mapping and Spatial Analysis	Central Registry only	OKC only
NCRA CSv2	5/20/2010	2 - 4	Single Site Factors: A Summarization	Midwest Regional Medical Center	St John Medical Center
NAACCR	6/3/2010	8 -11	Esophagus and Stomach	Midwest Regional Medical Center	St John Medical Center
NAACCR	7/8/2010	8 -11	Using CINA Data in Cancer Surveillance	Midwest Regional Medical Center	St John Medical Center

OCCR Requirements for Implementing CS Version 02.000.01

By Paula Marshall, BBA, CTR

Each standard-setting organization has specific requirements and recommendations for implementation of CS version 2. CDC-NPCR requires the use of version 2 of the Collaborative Stage Data Collection System (CSv2) for cancer cases diagnosed on or after January 1, 2010. CDC-NPCR requires the collection of CSv2 data items needed to derive SEER Summary Stage, SSFs for Breast and SSF 25 for applicable sites (schema discriminators). The new CSv2 data items required to be collected by NPCR state registries (includes OCCR) are stated below.

2010 Required Input Items for <u>all sites</u>:

Item	Item Name
2800	CS Tumor Size
2810	CS Extension
2820	CS Tumor Size/Ext Eval
2830	CS Lymph Nodes
2850	CS Mets at DX

<u>Site Specific Factors (for selected primary sites) required to derive SEER Summary Stage</u>:

SSF1 Pleura
Retinoblastoma
SSF2 Corpus Adenosarcoma
Corpus Carcinoma
Corpus Sarcoma
SSF3 Prostate
SSF25 (to direct each site to the correct subgroup discriminator in the algorithm to derive Summary Stage)

Cont'd on page 5

Gastrointestinal Stromal Tumors (GISTs)

By Beth Watwood, RHIA, CTR

Information from NAACCR Webinar 04/01/2010- Collecting Cancer Data: Soft Tissue Sarcoma, Neuro-endocrine Tumors (NET) and Gastrointestinal Stromal Tumors (GIST)

GISTs are a rare type of soft tissue sarcoma and are different from carcinomas, the majority of which arise in the stomach or small intestine. It can often be confusing when abstracting these cases but is important to remember that benign and borderline GIST tumors are not reportable to OCCR, even if the patient received chemotherapy or the physician applied AJCC Staging to the case. The latest webinar from NAACCR covering this topic provided great information on how to determine reportability and properly code new 2010 Collaborative Staging fields. Some key points are listed below:

- Benign or borderline GIST tumors are NOT reportable to OCCR. Your facility may decide to collect these tumors; however they are not required by OCCR.
- Records must indicate that the tumor is **malignant** or you are to otherwise assume the tumor is benign and apply behavior code 1. In some cases, it may be necessary to confirm this with the pathologist. The tumor size and mitotic count are used to determine whether benign or malignant. The tumor may be referred to as a sarcoma, which also indicates malignancy and would be reportable.
- Patients may receive chemotherapy for benign tumors but these are NOT reportable cases.
- Changes in 2010 include an AJCC Staging schema for these tumors. Physicians may choose to apply AJCC Staging to benign/ borderline tumors but those cases are NOT reportable.

- It is appropriate to assume no Lymph Node involvement and no Distant Mets, unless otherwise specified, because lymph node involvement and metastases are rare for GISTs .
- Be sure to pay attention to notes associated with new 2010 Collaborative Staging fields to fully understand what information is being asked for in these fields.
- Important to note is that the AJCC TNM Staging, 7th Edition for this type of tumor is driven by CS Tumor Size.
- There are different GIST Collaborative Staging schemas according to primary site, which include some common tables within all schemas. One main difference to note is the stage groupings.

NAACCR provided several references for more information on this topic:

1. Gistsupport.org
2. AJCC Cancer Staging Manual, 7th Edition-Chapter 16
3. Cancer.gov-Adult soft tissue sarcoma article includes GIST

OCCR Requirements for Implementing CSv2, cont'd from pg 4

Site Specific Factors for Breast (not required to derive Summary Stage) but required by CDC-NPCR

SSF1 Breast (ERA positive or negative)
SSF2 Breast (PRA positive or negative)
SSF8 Breast (IHC Value-shows whether or not the cancer cells have HER2 receptors and/or hormone receptors on their surface)
SSF9 Breast – HER2 IHC Test Interpretation
SSF10 Breast – HER2 FISH Value
SSF11 Breast – HER2 FISH Test Interpretation
SSF12 Breast – HER2 CISH Value
SSF13 Breast – HER2 CISH Test Interpretation
SSF14 Breast – HER2 Result of Other/Unknown Test

April 12-16 was National Cancer Registrars Week. This year's theme "***Cancer Registrars are Recording Artists***" demonstrates cancer registrars as being the first link in capturing data on patients diagnosed with cancer, which leads to improved cancer control.

"Cancer Registrars are an integral part of the cancer program," said NCRA president Inez Evans, BS, RHIT, CTR. "The cancer registries work with physicians, administrators, researchers, and health care planners to provide support for cancer program development, ensure compliance with reporting standards, and serve as a valuable resource for cancer information with the ultimate goal of preventing and controlling cancer."

Appearing in the photo taken with Governor Brad Henry on April 13, 2010, are cancer registrars from across Oklahoma. Front row, left to right: Tina Hopkins, Carolyne Dale, Governor Brad Henry, Charlotte Murphy, Stacey Hibbets. Row 2, left to right, Rossio Rodriquez, Bobbi Shelton, Darlene Scott, Dayna Herrin, Sharon Abrams, Myrna Cobb. Row 3, left to right: Dulce Bramblett, Dana Lloyd, Paula Marshall, Donna Smith, Beth Watwood, Anna McIntosh, Denise Baker. Row 4, left to right: Leslie Dill, Judy Hanna, Shelly Ware, Cheryl Lucas, Susan Nagelhaut, and Sue Anderson.

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