Summer Issue
June 2012

OCCR NewsFlash

Oklahoma Awarded Gold Certification

By Anne Pate, MPH, PhD.

The OCCR has recently received the news we have received gold certification from the North American Association of Central Cancer Registries (NAACCR) for the ninth year in a row! This certification is a reflection not only of the hard work of the central registry staff, but also of each facility who submits cases in a timely manner with limited edits. We could not achieve this without the support of all the facilities and registrars throughout the state. NAACCR bases its certification on several standards including completeness, timeliness and quality of the data submitted by each central cancer registry. The standards and the OCCR measurements are included in the table below.

Note, the OCCR is very close on the completeness of case ascertainment (95.5%) and we are actively working to improve this particular element. We can only achieve this if all of the facilities have conducted casefinding activities (including reviewing their disease index) and submitted all reportable cases (including non-analytic cases) within 6 months of diagnosis.

Registry Element	**Gold Standard**	**Silver Standard**	**Oklahoma Measure**	**Measure-ment Error Allowed**	**Standard achieved**
Completeness of case ascertainment	95%	90%	95.5%	1.0%	**Gold**
Completeness of information Missing/unknown age at diagnosis Missing/unknown sex Missing/unknown race Missing/unknown state & county	 < 2% < 2% < 3% < 2%	 < 3% < 3% < 5% < 3%	 0.0% 0.0% 2.2% 0.3%	 -0.4% -0.4% -0.4% -0.4%	 **Gold** **Gold** **Gold** **Gold**
Death certificate only cases	< 3%	< 5%	3.2%	-0.4%	**Gold**
Duplicate primary cases	< 1 per 1,000	< 2 per 1,000	0.6 per 1,000	-0.4 per 1,000	**Gold**
Passing EDITS	100%	97%	100%	N/A	**Gold**
Timeliness	Data submitted within 23 months of close of accession year.				**Gold**

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NAACCR Webinars

by Leslie Dill

NAACCR will soon be concluding the 2011-2012 webinar series. In fact, only 3 webinars remain:

7/12/12 —ICD-10-CM and Cancer Surveillance

8/2/12 — Collecting Cancer Data: Hematopoietic

9/16/12 —Coding Pitfalls

Oklahoma City will host the webinars at Samis Education Center, located in The Children's Hospital, Room A. Hosting in Tulsa will be St. John Medical Center. Both locations provide the webinar from 8am-11am.

To register for the free webinar, email deloresg@health.ok.gov.

Pediatric Early Case Capture Project

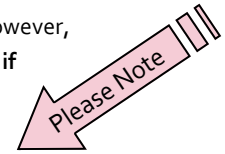
By Anne Pate, MPH, PhD.

The OCCR has been funded by the National Program of Cancer Registries at CDC to implement a system to begin collecting information on pediatric cases diagnosed starting in 2012 within 30 days of diagnosis. This project will have an impact on many of the facilities throughout the state and the OCCR is in the process of hiring two new positions to be dedicated to this project. The OCCR will be contacting facilities regarding next steps and what will be required for this project. In the meantime, if you identify any case of cancer diagnosed in an individual 0-19 years of age beginning January 1, 2012, please contact Anne Pate for additional information at AnneB@health.ok.gov or (405)271-9444, ext 57111.

OCCR Registry Conversion to CS v0204

By Paula Marshall, BBA, CTR

OCCR will soon convert our database to CS 0204. Until such time, OCCR will continue to accept 2011 and 2012 data in the new format (NAACCR 12.2 CS v0204); however, the file will be held and not processed until we convert. Please keep in mind **if you 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.**



OCRA Fall Workshop and 40th Anniversary Celebration

by Leslie Dill

Please join OCRA for their Fall Workshop and 40th Anniversary celebration to be held October 25-26, 2012, at Samis Education Center located in The Children's Hospital, Oklahoma City. Topics to be addressed include some of the new Commission on Cancer standards, such as psychosocial distress screening, survivorship care plan, and clinical trials. Other topics include pancreatic cancer and how to extrapolate meaningful and useful medical record documentation into the text portion of the abstract.

For more information, go to http://www.ocra-ok.org.

Scanner Project to Begin Soon

By Christina Panicker, MBA

OCCR has long faced the challenge of training and conducting site visits for Oklahoma's rural facilities. Often, these facilities have no dedicated registrars to report the small number of cancer cases that are seen. The scarce resources of personnel, time and travel have dramatically affected the ability of these facilities to be complete and timely in their reporting to the OCCR.

OCCR is attempting to improve reporting and data quality through the implementation of a new pilot project. There are certain characteristics facilities must have that will make them potentially eligible to participate in this project. The most critical criterion is a very small case load. This project is still in development; however, the goal is to improve the quality of data and to streamline a better method for small facilities to report. Once the project is complete, OCCR will be contacting the facilities who may be eligible to participate.

Congratulations to Oklahoma's Newest CTR!

By Jessica Taylor

This spring, the CTR Exam was taken by 179 candidates across the United States. Of those that tested, 126 passed the exam, becoming Certified Tumor Registrars. One of those receiving the CTR credential is Marie Sanders from Oklahoma City. Marie is married, has an 11 year old daughter and is planning on expanding her family soon! Marie was a stay at home mom until 2008 at which time she made the decision to go back to school. She had a great interest in the healthcare field and loved technology, so Health Information Technology was the perfect fit. In August 2010, after a few years of hard work and determination, she graduated from Rose State College with an Associate's Degree in Health Information Technology. Marie has been working in the OU Medical Center Cancer Registry since graduation and says that being a cancer registrar gives her a sense of contribution to improving the care and survival of patients.

When asked for advice for those who haven't taken the exam she stated, "Don't stress over the exam! The CTR preparation course from NCRA was EXTREMELY helpful. I highly recommend it to anyone who wants to take their exam soon. Be sure to study up on your anatomy, medical terminology, and staging!"

For those who would like to become certified, the application deadline for the Fall CTR Exam is July 31, 2012. The testing window will be from September 8-22, 2012. The NCRA handbook and application can be downloaded at: www.ctrexam.org.

Marie Sanders, CTR

Electronic Manuals Using Registry Plus Online Help

By Delores Greene, CTR

How would you like all your manuals in one easy to use location? You can have easy access to online manuals that are kept current and ready for use. Go to: http://www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm. Click on *Technical Information and Installation*. Scroll down to *installation and download online help*. You can have access to FORDS, Collaborative Staging Manual, ICD-O-3 and Multiple Primary Histology Coding Rules all at the click of your mouse. The manuals are easy to use and are hyperlinked. If you need help, contact Delores Greene at deloresg@health.ok.gov.

Death Clearance Cases

By Marva Dement, BBA, BS, CTR

As part of the quality control procedures to ensure complete and quality data, the Oklahoma Central Cancer Registry (OCCR) sends queries to physicians and/or facilities for patients with a diagnosis of cancer on their death certificate that appears to potentially be missing from the OCCR database.

The patients identified on the lists that facilities receive are found during the OCCR process known as Death Match search. Individuals are identified by the following criteria: a death certificate stating they had a diagnosis of cancer and they died in 2011. Because these cases appear to have not been reported to the OCCR, it is important that you report them immediately. If you currently report to the OCCR, please abstract the case and upload to the OCCR via your current reporting method. The OCCR requests copies of medical records, especially in those areas that document the date and diagnosis of cancer such as History and Physical, Discharge Summary, Radiology, Pathology, etc. If you have questions, please call Marva Dement, BBA, BS, CTR, Quality Assurance Specialist at (405) 271-4072, ext 57119. She can also be reached by fax at (405)271-6315, e-mail at marvad@health.ok.gov or by making written notes on your list of patients and mailing it back to her.

In the event you did not treat the patient(s) on your list, please provide the name of the referring physician who indicated a diagnosis of cancer or the method by which you became aware of the patient's diagnosis of cancer.

Web Plus Update

By Paula Marshall, BBA, CTR

OCCR has started the transition from OCROW to Web Plus with several facilities since the last newsletter. I would like to thank Jennifer Spear at Endoscopy Center at Meridian and Sam Kunwar at Weatherford Regional Hospital for agreeing to be a beta test site for the online abstracting. Also, thank you to Allie Simon at Digestive Disease Specialists for valuable feedback in regards to the file uploading process. The beta test sites were instrumental in recognizing adjustments/fixes that needed to be made before full release.

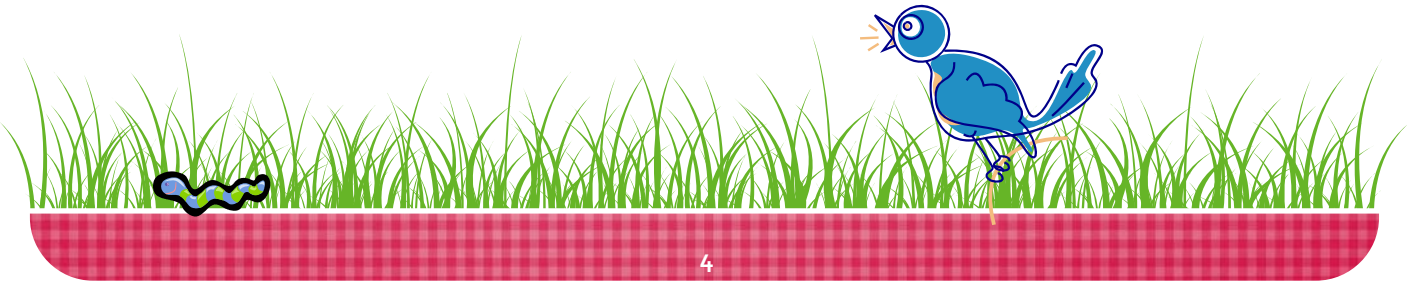
Data entered are validated by the CDC EDITs engine running on a web server for both the online abstracting and file uploading. This new feature will prove to be beneficial to the reporting facility and OCCR, as the data will be edit-free and useful quality data.

As a reminder, you might wish to discuss the specs mentioned below with your IT staff or department in preparation to access Web Plus when your facility switches. 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.

If you are currently using OCROW for online abstracting, OCCR will be contacting you soon in order to start the process of transitioning to Web Plus and to participate in a regional training close to your facility.

If you are accessing OCROW for file uploading, you will be receiving a Web Plus User Account Request form via email along with instructions for uploading data submissions via email. Once we receive the completed form, you will receive an email with the UserID and password to access Web Plus.

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



Heme Rx Instructions for "Other Treatment" 2012

By Delores Greene, CTR

Reporting Phlebotomy, Blood-Thinners/Anti-Clotting Medications, and Transfusions as Treatment, beginning with cases diagnosed 1/1/2012 and later

Starting with the 2012 data, we will collect phlebotomy, blood-thinners/anti-clotting medications and transfusions for the following diseases **only**:

9740/3 Mast Cell Sarcoma
9741/3 Systemic Mastocytosis
9742/3 Mast Cell Leukemia
9875/3 Chronic Myelogenous Leukemia BCR/ABL1 positive
9950/3 Polycythemia Vera
9961/3 Primary Myelofibrosis
9962/3 Essential Thrombocythemia
9963/3 Chronic Neutrophilic Leukemia
9975/3 Myelodysplastic/myeloproliferative neoplasm, unclassifiable

Do **not** collect blood transfusions (whole blood, platelets, etc.) as treatment for any hematopoietic disease not listed above. Blood transfusions are used widely to treat anemia, and it is not possible to collect this procedure in a meaningful way.

Phlebotomy, blood-thinners/anti-clotting medications and transfusions are coded under Other Treatment.

To access the online 2012 Hematopoietic Database/Manual go to: http://www.seer.cancer.gov/seertools/hemelymph/. For free training on how to use the Hematopoietic Database/Manual go to : http://www.seer.cancer.gov/tools/heme/training/.

RMCDS CORNER

By Paula Marshall, BBA, CTR

RMCDS Conversion to CS 02.04

As a reminder, you must convert your RMCDS system before abstracting the CS information for 2012 cases. RMCDS has released the conversion for CS 02.04. If you have completed abstracting your 2011 cases, please contact us for instructions to convert your system. If you convert before you have completed the 2011 cases, you will need to code the cases using CS 02.04 codes. Please email PaulaM@health.ok.gov if you have any questions.

Physician File Update

An email was sent out on June 18th, 2012, to all RMCDS users that contained files to update the Physician file in RMCDS. If you did not receive an email pertaining to physician file update, please contact me at PaulaM@health.ok.gov so the information can be forwarded to you.

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Multiple Primary/Histology

By Delores Greene, CTR

Q: I have a 6 cm bi-frontal meningioma with three smaller meningiomas on the right, largest size is 4.8 cm and multiple small meningiomas on the left, largest size 1.3 cm. Would this be three primaries based on rule M5 in the benign and borderline intracranial and CNS MP/H Manual?

A: You are describing multiple meningiomas on both sides and one tumor that encompasses both sites. The better definition for this would be meningiomatosis, 9530/1, a single primary that is multifocal throughout the meninges. (Answer from the SEER Data Quality Team)

Q: Patient presented with a bone fracture. Workup included bone marrow which was positive for multiple myeloma and a B-cell lymphoma. According to the Hematopoietic Multiple Primary Rules this is two primaries. Workup showed no other disease. Primary site for the multiple myeloma would be Bone Marrow (C42.1). What site would you code the Lymphoma?

A: According to Module 7 in the Hematopoietic Manual (PH32) if the lymphoma is present only in the bone marrow you would code the primary site to bone marrow. Make sure that all available physical exams, scans, and other work-up is negative for lymph node, tissue or organ involvement.

Compliance: Reporting Timely

By Delores Greene, CTR

Each year in November and January, the Oklahoma Central Cancer Registry (OCCR) is required to report Oklahoma data to the National Program for Central Registries (NPCR) and to the North American Association of Central Cancer Registries (NAACCR). This year in November OCCR will be preparing to submit both the 2010 and 2011 data for the first time.

OCCR must meet specific standards within 12 months of the close of the diagnosis year. The two data quality criteria are:
1) Data are 90% complete based on observed-to-expected cases as computed by NPCR.
2) A 97% pass is required on NPCR's prescribed set of standard edits.

Within 24 months of the close of the diagnosis year, the central cancer registry data must meet the NPCR standards for the following five data criteria:

1) Data 95% complete based on observed-to-expected cases as computed by NPCR.
2) There are 3% or fewer death-certificate-only cases.
3) There is a 1 per 1,000 or fewer unresolved duplicate rate.
4) The percent missing or unknown for critical data elements are: 2% or fewer for age, sex, county and 3% or fewer race.
5) 99% pass an NPCR-prescribed set of standard edits.

Yearly, OCCR receives an average of 35,000 cases. The staff at OCCR processes, consolidates, edits and de-duplicates these cases to around 20,000 cases.

Each of you play an integral part in this process for it to be successful. As you know OCCR depends on 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 **2011 cases are due by June 30, 2012**.

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 understands that 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 you to find the best solutions for your particular situation. If your facility is behind and you know the June 30, 2012 date to report your 2011 cases can't be met, you must contact Delores Greene, CTR, at (405)271-9444, ext 57103.

Collaborative Stage Data Collection System (CSv2 0204) Reporting Requirement

Centers for Disease Control and Prevention, National Program of Cancer Regiies (CDC-NPCR)

CDC-NPCR is the funding source for the OCCR. We will follow the requirements and recommendations listed below:

CDC-NPCR requires the use of Version 02.04 of the Collaborative Stage Data Collection System (CSv2 0204) beginning January 1, 2012. CDC-NPCR requires the collection of CSv2 data items needed to derive SEER Summary Stage, SSFs for Breast, Brain/CNS/Intracranial, and SSF 25 for applicable sites (schema discriminators). CDC-NPCR requires, as available, the collection of CSv2 data items needed to derive AJCC-7 TNM Stage.

Below are the lists of CSv02.04 data items required by OCCR to derive SEER Summary Stage and additional SSFs.

2012 Required Input Items for **all sites:**

Item Name

CS Tumor Size
CS Tumor Size/Ext Eval
CS Lymph Nodes Eval
Regional Nodes Examined
CS Extension
CS Lymph Nodes
Regional Nodes Positive
CS Met at DX
CS Mets Eval

New Data Items Required Beginning January 1, 2012

Item Name	Site(s)
Lymph-Vascular Invasion	Penis, Testis

TABLE 1: Site Specific Factors needed to derive Summary Stage 2000

Site Specific Factor	Primary Site/Histology
SSF1	Lung, pleura, retinoblastoma, Brain, CNS, Other, Intracranial Gland (WHO Grade Classification)
SSF2	Corpus Adenosarcoma, Corpus Carcinoma, Corpus Sarcoma
SSF3	Prostate
SSF25	Schema discriminator for select sites where information is needed to select the correct subgroup for deriving Summary Stage 2000

TABLE 2: Additional Site Specific Factors for Breast

Site Specific Factor	Primary Site/SSF Definition
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
SSF15	Breast – HER2 Summary Result of Testing
SSF16	Breast – HER2 Combination of ER, PR, and HER2

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We acknowledge the Centers for Disease Control and Prevention (CDC) and the National Program of Cancer Registries (NPCR) for its support and the distribution of this newsletter under cooperative agreement #U58/DP000834-05 awarded to Oklahoma. Its contents are solely the responsibility of the authors and do not represent the official view of CDC.

This publication is printed and issued by the Oklahoma State Department of Health as authorized by Dr. Terry Cline, Commissioner, Secretary of Health and Human Services. 260 copies have been prepared and distributed at a cost of $301.60. Copies are available for download at http://occr.health.ok.gov.

Finasteride…a Hormone?

Article Clarification from March 2012, Spring Issue
By Paula Marshall, BBA, CTR

The SEER, CoC, StatCan and NPCR workgroup sent out a clarification to information provided to OCCR that was listed in the March 2010 OCCR newsletter article regarding Prostate Staging and PSA.

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 (the immediately prior PSA), which would give him a Stage I.

Answer: 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. *See SSF2 note 1 for Prostate CS schema.*

Clarification: The workgroup did not agree that it should be coded as RX was because the scenario only related that the drug was given because of an elevated PSA with no biopsy to confirm or negate prostate cancer. By definition, first course of treatment is what is planned after the diagnosis has been made. It is often used to treat BPH. Therefore without a diagnosis it could not be construed as being treatment. We recommended that it be documented in the notes.

Common Coding Miscues

By Amanda E. Moran, RHIA, CTR

Treatment Sequence Codes

The purpose of these codes is to show the sequence of radiation therapy in regards to surgical procedures given as part of the first course of treatment. If the patient did not have surgery or radiation, enter "0." If the patient had radiation therapy prior to cancer-directed surgery, enter "2." If the patient had radiation after cancer-directed surgery, enter "3." Codes 4,5 and 6 are available for special cases in which the patient received radiation before and after surgery or intra-operatively. The only time "9" should be used is if the patient received surgery and radiation off-site and the dates are unknown.

The treatment sequence codes for systemic therapy and surgery are the same codes used for the radiation and surgery sequencing. Systemic therapy includes chemo, hormones, BRMs, bone marrow transplants, stem cell harvest, and any endocrine therapy that is done as part of the first course of treatment.

Remember, the only time the code will not be "0" is if the patient has radiation or systemic therapy and has cancer-directed surgery.