

# OCCR NewsFlash



## Oklahoma Central Cancer Registry (OCCR)

### Oklahoma Central Cancer Registry

Oklahoma State Department of Health



This issue is packed with changes that are effective for cases diagnosed on or after January 1, 2010. Please look for the symbol above marking critical changes throughout this newsletter. When you are finished, please share with other registry staff.

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## Goodbye, OCROW! Hello, Web Plus!

By Paula Marshall, BBA, CTR

OCCR will soon replace OCROW with Web Plus, a web-based application developed by CDC that can be used to collect cancer data securely over the public Internet. The application is free of charge and will be available through a secure web site. 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 is actually a *sophisticated, user-friendly* OCROW. The application supports three main functions; online abstracting, file upload and follow-back efforts. The online abstracting will be for the facilities that currently use OCROW for cancer reporting, while the file upload feature will be used for electronic submission of data from all other reporting sources 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.

All records are saved in a database at OCCR 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 the web server. Additional features include:

- \* Demand reports for users
- \* Email
- \* Lookup assisted data entry with advanced search
- \* Link for each data item to the NAACCR Standards for Cancer Registries
- \* Code selection from drop-downs lists
- \* Supports Collaborative Staging calculation
- \* Data editing

As OCCR completes the transition to Web Plus, you will receive new access information and instructions for online abstraction or file upload, whichever is the case for your facility. Please contact our office if you have any questions regarding the process.

## CS Data Collection System Version 02.00.01 Released

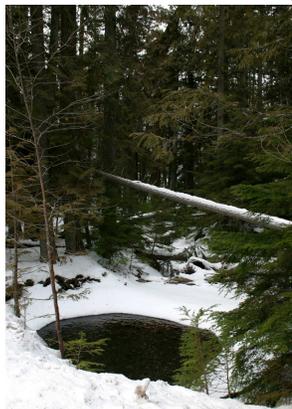
By Paula Marshall, BBA, CTR

The name of the Collaborative Staging System has been changed to Collaborative Stage Data Collection System. This change was to emphasize that CSV2 is a tool for the collection of data which can be used to derive staging assignments and other useful information not directly related to staging at this time, rather than a staging system per se.

The new version incorporates significant changes to collaborative staging that are effective for cases diagnosed on or after January 1,

2010. **Cases diagnosed in 2010 must be coded using the revised version, CSV2. All facilities must install software updates before they begin to abstract 2010 diagnoses.** The software update will execute any necessary conversions, add new items to data-entry screens, and implement the ability to write output in the correct form for the NAACCR Record Layout Standards, version 12. Current registry data will need to be converted to the new CSV2 and NAACCR version 12 standards prior to using CSV2.

*Story is continued at the top of page 2*



Note: Permission to print the beautiful Montana winter photos seen throughout this issue was granted by photographers Sharon and Neal Warlick of Helena, MT.

## CS Data Collection System Version 02.00.01



*continued from page 1*

**If abstracting of 2010 cases begins before the software is updated**, it will be necessary to review those cases after the update to code the new items and ensure that converted items have the most specific codes assigned. OCCR will **not** accept any 2010 data that has not been coded with the new CSv2. **If you submit 2010 data prior to installation**, the data will be returned for recoding in accordance to NAACCR12 and CSv2 codes. Straggler cases, diagnosed prior to 2010, may be coded using the new layout. For pre-2010 diagnosed cases, it is not necessary to code with a 2010 implementation date.

Again, we strongly recommend that facilities wait until they convert to CSv2 and NAACCR version 12 before abstracting 2010 cases. However, if a case is entered into suspense with only demographic information, site, and histology but no staging information, this would allow you to complete the case after conversion and remove from suspense before submitting to the state.

OCCR will implement CSv2 and NAACCR version 12 once the conversion program is made available to us by our vendor, RMCDS. At that time we will accept 2010 diagnoses cases that have been coded with CSv2 codes. 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 ensure correct conversion of your data and installation of CSv2. Our goal is to make this transition as painless as possible and to avoid large backlogs of records for both the level of the reporting facilities as well as the central cancer registry. OCCR will continue to update you on our implementation process. Please contact our office if you have any questions regarding the implementation of CSv2 and the NAACCR version 12 standards.

This manual is available for download at <http://www.facs.org/cancer/coc/fordsmanual.html>.

## OCROW Users Corner



By Paula Marshall, BBA, CTR

Hopefully by now you have read the article about OCROW being replaced with Web Plus and the article regarding implementation of CSv2 and NAACCR version 12 standards. If not, please take time to read both articles as they contain very important information about the new changes for 2010.

It is clearly stated that OCCR will not accept any 2010 data prior to updating software with the new CSv2 and NAACCR version 12, **however**, we decided that due to the transition to Web Plus and concurrent reporting by OCROW users, it will be necessary to allow OCROW users only to continue online abstraction of cases diagnosed in 2010 via OCROW. The new CSv2 codes will not be available in OCROW, but OCCR will recode these cases after we have updated our software to include the CSv2 and NAACCR version 12. The projected implementation date for Web Plus is late March and this updated version will include the new CSv2 codes. Our goal is to make this transition as quick and convenient as possible. Once Web Plus is available and in production, you will receive new access information and instructions for online abstraction.

We appreciate your patience during this change and please feel free to email me with any concerns or questions at [PaulaM@health.ok.gov](mailto:PaulaM@health.ok.gov).

## 2010 Educational Webinars February – April

NAACCR	2/4/2010	8-11	Skin	Midwest Regional Medical Center	St John Medical Center
NCRA CSv2	2/4/2010	1-3	Liver/Biliary	Midwest Regional Medical Center	Saint Francis Hospital
CoC	2/10/2010	3-4	AJCC: CAP Protocols and Synoptic Reporting	Deaconess Hospital	Cancer Treatment Centers of America
NCRA CSv2	2/18/2010	1-3	GIST/ Neuroendocrine	Midwest Regional Medical Center	Saint Francis Hospital
CoC	2/24/2010	12-1	AJCC: Staging of Colorectal Cancer	Deaconess Hospital	Cancer Treatment Centers of America
NAACCR	3/4/2010	8-11	Kidney	Midwest Regional Medical Center	St John Medical Center
NCRA CSv2	3/4/2010	1-3	GYN	Midwest Regional Medical Center	Saint Francis Hospital
CoC	3/5/2010	11-12	AJCC: Revised Staging System for Breast Cancer	Deaconess Hospital	Cancer Treatment Centers of America
CoC	3/15/2010	1-2	AJCC: Staging Head and Neck Cancers	Deaconess Hospital	Cancer Treatment Centers of America
NCRA CSv2	3/18/2010	1-3	Advanced Abstracting of SSF's	Midwest Regional Medical Center	Saint Francis Hospital
CoC	3/29/2010	11-12	AJCC: New Staging System for Lung Cancer	Deaconess Hospital	Cancer Treatment Centers of America
NAACCR	4/1/2010	8-11	GIST	Midwest Regional Medical Center	St John Medical Center
CoC	4/13/2010	1-2	AJCC: Esophagus and Stomach	Deaconess Hospital	Cancer Treatment Centers of America



## Social Security Numbers-Another Piece of the Puzzle

By Beth Watwood, RHIA, CTR

We all know that Cancer Registry can be challenging at times and may often feel like detective work, trying to piece together all the information about a patient. At OCCR (Oklahoma Central Cancer Registry), we are often faced with the challenge of piecing together multiple abstracts from two or more facilities. We must review multiple abstracts to reconcile all the information into one abstract for each patient.

During a recent consolidation project, we discovered that there is often a discrepancy in some of the demographic information received, especially in Social Security numbers. Social Security numbers are a very important piece in the puzzle, and if that number is incorrect, we may miss linkages to other databases for follow up, such as the Hospital Discharge Data, Voter Registration Files, and Death Files.



With so much pressure to get abstracts completed in a timely manner, it can be easy to get in a hurry. But is very important to make sure patient demographic information is correctly abstracted. This will ensure that if we do receive multiple abstracts on the same patient, they can be consolidated correctly. So, next time you're abstracting a case, please take a few extra seconds to double check that the demographic information is accurate. As always, we appreciate your continued efforts in providing quality data to the central registry!



## RMCDs Users Corner



By Paula Marshall, BBA, CTR

All the buzz is about the new CSv2 and NAACCR version 12 effective for cases diagnosed on or after January 1, 2010, and naturally this comes with changes to the software. Please be assured that Larry and his staff at RMCDs are working very diligently and closely with the standard setting organizations to implement the changes to the software as they become available. Once they receive all the critical information, they will have a beta version of the conversion program to be tested at several registries before going live with the new system.

We strongly recommend that facilities wait until they convert to CSv2 and NAACCR version 12 before abstracting 2010 cases. However, if a case is entered as suspense with only demographic information, site, and histology with no staging information, this would allow you to complete the case after conversion and remove from suspense before submitting to the state.

OCCR will keep you updated as we hear from RMCDs regarding the implementation process to CSv2 and NAACCR version 12. Thank you for your patience during this time of transition. Please feel free to contact me with any concerns or questions. 405-271-9444 extension 57121 or email [PaulaM@health.ok.gov](mailto:PaulaM@health.ok.gov).



## Primary Payer Project Update

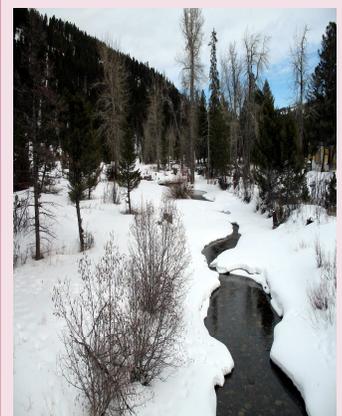
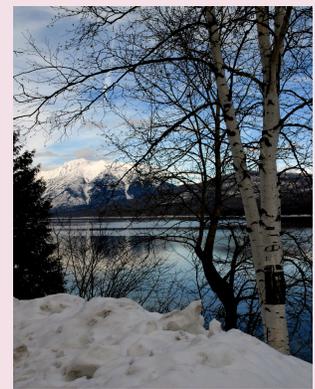
By Anne (Bliss) Pate, MPH

This project has been stalled due to the resignation of several key individuals responsible for the project. The re-abstraction efforts will resume shortly under the leadership of Beth Watwood, the physician consultant. Previous to all the staff changes, however, a great deal of progress was made on re-abstracting the 1,101 prostate and ovarian cases that were randomly selected to be reviewed. We are currently 70% complete with the remaining 200+ cases primarily located in Tulsa facilities.

Beth will be contacting these facilities in the near future to obtain several variables from the medical records.

Ultimately, this study will be analyzing how accurately the primary payer variable is recorded in our central database when compared to re-abstracted medical records or hospital discharge data. It will also help us understand how this particular variable changes over the course of the cancer treatment continuum; for example, primary payer at diagnosis versus primary payer at treatment.

Since this particular variable is of great interest to many groups including legislators, researchers, and public health professionals, it is of great importance to understand how accurately it reflects what is actually occurring among cancer patients. If insurance coverage is not accurately portrayed or understood, then no changes can occur to improve the situation.



### The 3rd Bi-Annual Cherokee Nation Cancer Summit

March 3-5, 2010

For more information go to: <http://tulsa.ou.edu/cherokeesummit/>

## Uploading Data via OCROW

By Paula Marshall, BBA, CTR

In a previous article it was announced that OCROW will be replaced with a CDC application called Web Plus. The application is very similar to OCROW but offers many extra features in addition to the file upload feature. Once Web Plus is available and in production, you will receive new access information to upload your data submissions along with instructions. Until further notice, please continue to upload files



via OCROW. Please be reminded that **Cases diagnosed in 2010 must be coded using the revised version, CSV2.** Thank you for your patience during this time of transition. Please feel free to contact me with any questions or concerns at (405) 271-9444 extension 57121 or email [PaulaM@health.ok.gov](mailto:PaulaM@health.ok.gov).



## Patterns of Care Study Update

By Anne (Bliss) Pate, MPH

Prior to her departure for teaching, Dana Lloyd was able to finish up the fourth and final year of the breast cancer Patterns of Care (PoC) study as well as the third year for the colon cancer Patterns of Care study. As the program epidemiologist, I have had the opportunity to present the final breast PoC results and preliminary colon PoC at several venues including a physicians' meeting at McAlester Regional Health Center and the legislatively mandated breast and cervical prevention and treatment advisory committee meeting in December.

The breast cancer PoC study took a detailed look at whether Oklahoma women were receiving guideline-based, stage-specific treatments for localized breast cancer as defined by the National Comprehensive Cancer Network. Cases were included that were diagnosed between 2003 and 2006 and were treated surgically. Standard of care included mastectomy or breast conservative surgery followed by radiation therapy. Not receiving standard of care (SoC) was not receiving radiation therapy subsequent to breast conservative surgery. Several variables were analyzed to ascertain their impact on receiving or not receiving standard of care including: race, age, and primary payer (insurance coverage at diagnosis). The significant findings from this study included:

Those with **no insurance** were 3.6 times more likely to not receive SoC than those with insurance (Confidence Interval: 2.01-6.56)

Those with **Medicaid** were 2.0 times more likely to not receive SoC than those with insurance (Confidence Interval: 1.06-3.81)

Those with **Medicare** were 3.0 times more likely to not receive SoC than those with insurance (Confidence Interval: 2.35-3.94)

Only the oldest age group was significantly associated with not receiving SoC. Those **65+ years old** were 2.5 times more likely to not receive standard of care than those 50-64 years old. (Confidence Interval: 1.91-3.30)

The colon PoC analysis is in the process of being completed. Those results will be reported at a later date.



## National Program of Cancer Registries Audit

By Anne (Bliss) Pate, MPH

The Oklahoma Central Cancer Registry is required to participate in an audit of compliance with NPCR standards on data quality and completeness every five years. An independent contractor, ICF MACRO, is the group that performs the audit on behalf of NPCR. 2010 is the year for OCCR to participate, and since it will impact reporting facilities, the OCCR staff wanted to give all facilities fair warning to be watching for audit information in your mail.

The purpose of the audit is to evaluate the OCCRs completeness of case reporting and quality of our data. The time frame that may impact facilities throughout the state is August 23, 2010 - September 3, 2010 when MACRO staff will be on-site re-abstracting cases to evaluate the quality of the OCCR data. While we understand this undertaking will impact the hospital and registry staff, please know that we will do our best to be as unintrusive as possible and remember...this is an audit of the OCCR, not of facility registries. Please watch for more information. We will most likely start contacting facilities in late spring or early summer once we know which facilities we will need to be visiting.



## Required Text in an Abstract Starting with 2010 Data



By Charlotte Murphy, RHLA, CTR and Delores Greene, CTR

Text documentation is a required component of a complete electronic abstract and is heavily utilized for quality control.

Text is needed to justify coded values and to document supplemental information not transmitted within coded values.

High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

Examples of information to include are:

- Document the **primary site** in the text.
- Document the **histology code, behavior code, and grade/differentiation code** according to the description in the pathology report.
- Document the laterality of a **paired organ** in the text.
- Document **stage** clearly in text on the abstract (tumor size, depth of invasion, lymph nodes examined, and lymph nodes positive).
- Document **treatment dates, agents and/or procedures codes**.

**BOTTOM LINE:** Starting with 2010 data, text **MUST** support applied codes. Abstracts with “n/a, text, unknown,” etc. **will be rejected**.



## Oklahoma Has a New Certified Tumor Registrar!

By Leslie Dill

In September 2009, the Certified Tumor Registrar Exam was taken by candidates at testing centers worldwide. One of the 143 passing candidates is from Oklahoma, Denise Baker. Denise began her work in the oncology field in Hershey, PA at the Milton S. Hershey Penn State Hershey Medical Center, Cancer Institute. During her 12.5 years at this facility, Denise worked in various positions

such as front desk staff, nursing coordinator secretary, patient scheduler and front desk staff supervisor. She then began studying for and later passed the Certified Professional Coder Exam, becoming a coder/abstractor for the Cancer Institute.

In May 2006, Denise and her husband left PA to return “home” to Oklahoma City after 30 years. Denise was hired by INTEGRIS Baptist Medical Center as a registrar.

She began taking evening classes at OCCC and OSU/OKC in preparation for the CTR Exam. Two and a half years later, Denise passed the CTR Exam, formally becoming a Certified Tumor Registrar. Congratulations, Denise!



Denise Baker, CPC, CTR





Oklahoma Central Cancer Registry  
Oklahoma State Department of Health  
1000 NE 10th Street, Room 1205  
Oklahoma City, OK 73117-1299

Phone: 405-271-4072  
Toll free : 888-6695934  
Fax: 405-271-6315



The OCCR webpage is still under construction. Although some updates and resources are already available, it is still a work in progress. To visit us online, go to: [http://](http://www.ok.gov)

[www.ok.gov](http://www.ok.gov) and follow this path: **Disease, Prevention, Preparedness > Chronic Disease Service > Cancer Prevention Programs > Oklahoma Central Cancer Registry**. It's a lot of clicks to get there, but hopefully when we have completed construction, it will offer registrars the resources and information they need with the click of a button!

## OCCR Staff Update

By Leslie Dill

2009 brought a lot of changes to the Oklahoma Central Cancer Registry staff. Some wonderful opportunities were presented to several of our registrars, and, while we are thrilled for their advancements, it has left some vacancies in the registry and a definite void in our "OCCR family."

In March, Darla Dennis, previously our Follow-Up Specialist, moved just a few blocks away to the Veterans Affairs Medical Center Cancer Registry.

In late July, our Treatment Specialist, Dana Lloyd, was offered a teaching position at Southwestern Oklahoma State University Allied Health Sciences.

Late August brought another unfortunate vacancy when Bonnie Connelly, our Western Regional Hospital Consultant, went on medical leave. We look forward to her improved health and return!

Finally, Compliance Manager, Cheryl Lucas, left us in October to become the cancer registrar at Procure Treatment Centers, Inc. of Oklahoma City.

Are we short-handed? Yes! Due to state budget cuts, it is uncertain when these positions will be filled. However, we miss our friends dearly and wish them only the best!

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Susan Lamb, BA  
Director, Cancer Prevention and Control Program

Anne (Bliss) Pate, MPH  
Epidemiologist  
[AnneB@health.ok.gov](mailto:AnneB@health.ok.gov)

Charlotte Murphy, RHIA, CTR  
Quality Control Coordinator  
[Charlotr@health.ok.gov](mailto:Charlotr@health.ok.gov)

Paula Marshall, BBA, CTR  
Data Manager  
[PaulaM@health.ok.gov](mailto:PaulaM@health.ok.gov)

Bonnie Connelly, CTR  
Western Regional Consultant  
[BonnieMC@health.ok.gov](mailto:BonnieMC@health.ok.gov)

Leslie Dill  
Ambulatory Surgery Center and Dermatologist Consultant  
[LeslieD@health.ok.gov](mailto:LeslieD@health.ok.gov)

*Central Cancer Registry Staff*

Judy Hanna, HT (ASCP)  
Pathology Consultant  
[Judy@health.ok.gov](mailto:Judy@health.ok.gov)

Delores Greene, CTR  
Eastern Regional Consultant  
[DeloresG@health.ok.gov](mailto:DeloresG@health.ok.gov)

Beth Watwood, RHIA, CTR  
Physicians and Treatment Center Consultant  
[BethW@health.ok.gov](mailto:BethW@health.ok.gov)

Sharon Hsieh, MPH  
Research Registry Coordinator  
[SharonSH@health.ok.gov](mailto:SharonSH@health.ok.gov)

*National  
Cancer  
Registrars  
Week*

*April 12-16,  
2010*