



OCCR

NewsFlash

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Oklahoma State Department of Health
Oklahoma Central Cancer Registry

Oklahoma's New CTRs

By Leslie Dill

In September 2012, two Oklahoma candidates, Christina Panicker and Sarah Smith, sat for and successfully passed the Certified Tumor Registrar exam.

Christina Panicker has been a registry consultant for OCCR since May of 2011. She graduated from Southern Nazarene University with an MBA in healthcare and is currently a resident of Yukon, OK.

Sarah Smith is a cancer registrar for Jane Phillips Medical Center in her hometown of Bartlesville, OK. Graduating from Colorado Technical University, Sarah received an Associate of Science in Medical Billing and Coding in 2009.

Prior to taking the exam last fall, Christina and Sarah participated in the NAACCR CTR Exam Readiness webinar series. Both women highly recommend the webinar series to anyone planning to sit for the CTR exam in the future. Sarah said the series enhanced her knowledge on

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PECC Coordinator Named for OCCR

By Leslie Dill

In OCCR's fall 2012 newsletter, we introduced an ongoing study here at OCCR, the Pediatric and Young Adult Cancer Early Case Capture Project (PYAC ECC). The coordinator for this project was recently hired, Kim Southerland. Kim has a bachelor's degree in biology from the University of Central Oklahoma and earned a Masters of Public Health degree in epidemiology from the University of Oklahoma Health Sciences Center College of Public Health.

OCCR welcomes Kim and the knowledge she brings to our team.

To contact Kim, call (405)271-9444 ext 57148 or email KimberlyDS@health.ok.gov. To read more about the project, see page 3.

Conversion to NAACCR 13

By Paula Marshall, BBA, CTR

The North American Association of Central Cancer Registries, Inc. (NAACCR) has worked with all of the standard setter organizations to develop an implementation plan for 2013 data standards. The standards have been developed in response to requested revisions from a broad set of constituents.

The 2013 major changes include the release of a web-based version of the Hematopoietic and Lymphoid Database and an updated version of the SEER*Rx Drug Database. There are no changes to the Collaborative Stage Data Collection System (CS v0204) or to the Multiple Primary and Histology Coding Rules with the conversion to NAACCR 13.

NEW DATA ITEMS

Seven new data items were added as part of an initiative to standardize country and state data items making all of the NAACCR addresses coded consistently and interoperable.

New Country and State Data Items:

Data Item Name:

Addr at DX—Country	Addr Current—Country
Birthplace—Country	Birthplace—State
Follow-up Contact—Country	Place of Death—Country
Place of Death—State	

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the Commission on Cancer program requirements and standards. Christina appreciated hearing the feedback from those who had recently taken the CTR exam. It gave her an idea of what to anticipate.

OCCR congratulates these two deserving CTRs from Oklahoma. Great job, ladies!



Christina Panicker, MBA, CTR



Sarah Smith, CTR

Lymph-Vascular Invasion Required in 2012

By Delores Greene, CTR

Starting with cases diagnosed on or after January 1, 2012 OCCR requires reporting of "lymph-vascular invasion" for the testis and penis, as it is an indicator of prognosis. This field is used by the CS algorithm to map AJCC T for the testis and penis.

Lymph-vascular invasion is defined as the presence of tumor cells found inside small blood vessels or lymphatic channels within the tumor and surrounding tissues in the primary site. The tumor cells have broken free of the primary tumor and now have the capability to float throughout the body. Other names for lymph-vascular invasion are LVI, lymphovascular invasion, vascular invasion, blood vessel invasion and lymphatic invasion. Vascular invasion is not the same as direct tumor extension from the primary tumor into adjacent blood vessels; LVI cells are not attached to or growing into the wall of the blood vessel. Lymphatic invasion is not the same as involvement of regional lymph nodes, nor does it include perineural invasion.

Complete coding instructions for lymph-vascular invasion can be found on pages 82 - 83 in the CS Manual under General Instructions.

Pediatric Early Case Capture Project Update

By Kim Southerland, MPH

This project continues to gather momentum as new staff have been hired and the OCCR continues to promote case reporting in 0-19 year olds within 30 days of diagnosis. The OCCR is actively working to increase the number and variety of facilities that report pediatric and young adult cancer cases. Thanks to all facilities that have been submitting their cases to the OCCR within 30 days!

We completed the first data submission to the CDC in October 2012 for cases diagnosed between January 1, 2012 and June 30, 2012. The next data submission will be in April 2013 for cases diagnosed between July 1, 2012 and December 31, 2012.

We are so excited about the potential this project brings to the OCCR regarding an expandable and sustainable data collection system that decreases reporting time of cancer cases to the OCCR and increases the accessibility of data for research. The success of this project depends on continued support to find and report pediatric cases within 30 days of diagnosis. Thanks again! This project would not be possible without the help of reporting Oklahoma facilities!



Coding Change for “Scope of Regional LN Surgery”

By Delores Greene, CTR

In 2011, clinical investigators working in collaboration with staff at the National Cancer Data Base raised concerns regarding the validity of reported data describing the type of regional lymph node surgery performed on patients undergoing breast cancer operations. The analysis suggested that women were undergoing an axillary dissection for early stage breast cancer without a preceding sentinel lymph node biopsy, contrary to clinical expectations. After review by multiple agencies and organizations such as CoC, NPCR, NAACCR and SEER, they concluded that with regards to coding instructions in use by registry abstractors, sentinel lymph node biopsies for breast cancer have been significantly under-reported. These agencies have designed new instructions with clarifications to guide the coding for this data element and are to be used with cases diagnosed on or after January 1, 2012.

More specific coding instructions have been developed which have “General Instructions Applying to All Sites” and “Additional Notes Specific to Breast.” In contrast to the previous coding rules where the information was taken from the pathology report, the revised coding rules require the use of the operative report to secure the information concerning the type of lymph node surgery. Use the operative report as the primary source document to determine whether the operative procedure was a sentinel lymph node biopsy (SLNBx), an axillary node dissection (ALND), or a combination of both SLNBx and ALND. The operative report will designate the surgeon’s planned procedure as well as a description of the procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, but the operative report takes precedence when attempting to distinguish between SLNBx and ALND, or a combination of these two procedures. *Do not use the number of lymph nodes removed and pathologically examined as the sole means of distinguishing between a SLNBx and an ALND.*

Please refer to the FORDS 2012 Manual pages 205-208 “Scope of Regional Lymph Node Surgery” for complete instructions.

NAACCR Cancer Registry and Surveillance Webinars

By Christina Panicker, MBA, CTR

Webinars are an excellent opportunity to increase your knowledge of various cancer registry topics. The NAACCR webinars are presented the first Thursday of every month and are a great resource to build a foundation in the cancer registry.

Listed below are the upcoming webinars that will be presented in Oklahoma City at the Stephenson OK Cancer Center, 6th floor, Room 6012, and in Tulsa at St. John Medical Center, Mary K. Chapman Health Plaza, 1819 E 19th St, Newman Room:

- 2-7-13 Collecting Cancer Data: Central Nervous System
- 3-7-13 Abstracting and Coding Boot Camp: Cancer Case Scenarios
- 4-4-13 Collecting Cancer Data: Breast

To register, contact Delores Greene at (405)271-9444, ext 57103 or email DeloresG@health.ok.gov . We look forward to seeing you!

Hematopoietic RX Instructions (Other Treatment) 2012 Manual

By Delores Greene, CTR

The “other treatment” field identifies treatment that can’t be defined as surgery, radiation, or systemic therapy. In order to report the hematopoietic cases in which the patient received supportive care, standard setters have agreed to record treatments such as phlebotomy, transfusion or aspirin as “Other Treatment” (Code 1) for certain hematopoietic diseases only.

Starting with cases diagnosed after January 1, 2012, reporters will not collect blood transfusions (whole blood, platelets, etc.) as treatment for any of these diseases. Blood transfusions are used widely to treat anemia and it is not possible to collect this procedure in a meaningful way. **Note: This is new for cases diagnosed 1/1/2012 and after.**

Cancer reporters are required to collect phlebotomy for polycythemia vera only. **Note: This is an addition to the 2010 instructions.**

Also required for collection are blood-thinners and/or anti-clotting agents for:

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.

Note: This is an addition to the 2010 instructions.

Complete coding instruction for coding “Other Treatment for Hematopoietic Disease” can be found on page 13 of the Hematopoietic and Lymphoid Neoplasm, Introduction, Case Reportability and Coding Manual.

Conversion to NAACCR 13 from page 2

Note: Birthplace Country and Birthplace State data items will replace Birthplace.

Place of Death Country and Place of Death State will replace the use of Place of Death.

Cases diagnosed on or after January 1, 2013, must be collected and reported in accordance with the standards and definitions of the Standards Volume II, Version 13. Ideally, abstracting of cases diagnosed prior to January 1, 2013, should be completed before software conversion to NAACCR version 13.

Timeliness in Reporting

By Delores Greene, CTR

It is time again to assess cancer reporting timeliness. Below is a schedule that can be used to keep track of reporting dates and ensure that cases are being reported to OCCR within 180 days of diagnosis.

OCCR Submission Schedule

Month of Diagnosis	Month due to OCCR	Date Submitted To OCCR
July 2012	January 2013	
August 2012	February 2013	
September 2012	March 2013	
October 2012	April 2013	
November 2012	May 2013	
December 2012	June 2013	

If your facility is not within the submission schedule above, please contact Delores Greene, Compliance Specialist at deloresg@health.ok.gov or (405)271-9444 ext 57103.

All hospitals, clinics, laboratories, pathologists, physicians or dentists, or all facilities providing diagnostic or treatment services in relation to cancer diseases or precancerous conditions, shall report all cancer within 180 days of diagnosis. Any facility that is considered noncompliant in reporting can be assessed a penalty up to ten thousand dollars (\$10,000.00) per day of noncompliance. **Any outstanding 2011 cases must be submitted immediately.**

Picking Sides

By Amanda E. Moran, RHIA, CTR

Cancer can originate anywhere in the human body. The human body is remarkably made of both single and paired organ sites. In the FORDS manual, on page 9 under 'Laterality,' you will find a list of the 52 sites in the human body that are considered to be paired sites with both a right and a left organ site.

When abstracting a case with one of the paired organ locations, be sure to list the site's laterality correctly. The following codes are used to distinguish laterality:

- 1 - Right
- 2 - Left
- 3 - Only one side, but unknown if right or left
- 4 - Both
- 9 - Unknown

Code 4 should be used only after referring to the Multiple Primary and Histology book to make sure that the case is not actually two primary sites and should be coded as a right primary and a left primary.

Web Plus Training Evaluation Survey

By Jessica Taylor

OCCR has replaced OCROW with CDC's Web Plus reporting application. Part of this transition has been a required training session on Web Plus. The training sessions began in July and have been held in several locations across the state.

To determine the effectiveness of our training, as well as identify any unmet training needs, a link to a survey will be emailed to all who have attended. The survey includes 26 questions and has been designed to take only a few minutes to complete.

For anyone who has not attended training yet, please remember that this is required before access to Web Plus will be given. For more information, or to register, please contact Delores Greene at (405)271-9444, ext 57103, or email DeloresG@health.ok.gov.



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