

## ASC Timeliness Awards

*By Delores Greene, CTR*

This past summer OCCR presented Timeliness Awards to hospitals that either met or exceeded the reporting timeline for data submission. It is now time to present the Timeliness Awards to Ambulatory Surgery Centers who have either met or exceeded the same timeliness standard for data submission to OCCR.

The following ambulatory surgery centers will receive a certificate of achievement in recognition of this accomplishment: Oklahoma Surgicare, McAlester Ambulatory Surgery Center, Oklahoma Breast Care Center, Southern Oklahoma Surgical Center, Endoscopy Center at Meridian, Surgery Center of Enid, Oklahoma Center for Orthopaedic Multi-Specialty Surgery North, Medical Center ASC, Digestive Disease Specialists, Tulsa Endoscopy Center, Southside Digestive Disease Specialists, Breast Imaging of Oklahoma, McGee Eye Surgery Center and Foundation Surgery Center of Oklahoma. Congratulations to each of these facilities. Your efforts and hard work are greatly appreciated by the OCCR staff.



## OCCR Compliance Specialist

*By Anne Pate, MPH*

As many may be aware, the OCCR has had a vacant Compliance Specialist position that has recently been posted and refilled. The entire staff here at OCCR is very excited and pleased to announce that Delores Greene has accepted this position. She is looking forward to working with each facility in the near future to achieve timely reporting within 180 days as mandated.

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## Accreditation Award

*By Leslie Dill*

OCCR would like to recognize the VA Medical Center of Oklahoma City for its recent achievement. On November 17, 2010, the VA Medical Center had its first survey in which they met all standards and all commendations. This earned them the Accreditation Award, 3 Year with Commendation. Well done, VAMC Cancer Registry!



## Multiple Primary & Histology Rules: Definition of Disease Recurrence

By Beth Watwood, RHIA, CTR

Information from the 2007 Multiple Primary and Histology Coding Rules  
Published by the National Cancer Institute-SEER

When abstracting a case, it can sometimes be difficult to determine whether a diagnosis should be considered a true recurrence of a previous disease vs. a brand new primary. For cancer registry purposes, sometimes when a physician states that a disease is a recurrence, it should actually be considered a new primary. It is very important that registrars utilize the Multiple Primary and Histology (MP/H) Coding Rules for these instances. Histology and Timing Rules vary by primary site. The coding rules also explain that registrars are NOT to use a physician's statement to decide whether the patient has a recurrence of a previous cancer or a new primary. The differing meanings of recurrence are listed below; whereas Number 1 is the "reappearance" of a previous disease, Number 2 is where there may be a physician statement of recurrence, but according to MP/H rules, is considered a new primary or "new occurrence." Reviewing these definitions will help registrars determine whether a disease recurrence is a true recurrence or should be abstracted as a new primary disease occurrence.



**The MP/H Coding Rules list two separate definitions of the term Recurrence:**

**Recurrence has two meanings:**

1. The reappearance of disease that was thought to be cured or inactive (in remission). Recurrent cancer starts from cancer cells that were not removed or destroyed by the original therapy.
2. A new occurrence of cancer arising from cells that have nothing to do with the earlier (first) cancer. A new or another occurrence, incidence, episode, or report of the same disease (cancer) in a general sense – a new occurrence of cancer.

To download the complete manual as a pdf, go to:

[http://www.seer.cancer.gov/tools/mphrules/2007\\_mphrules\\_manual\\_11022010.pdf](http://www.seer.cancer.gov/tools/mphrules/2007_mphrules_manual_11022010.pdf).



### 2011 CTR Testing Windows

SPRING CTR EXAM: March 5-19, 2011

FALL CTR EXAM: September 10-24, 2011

# FREE NAACCR Registry & Surveillance Webinar Series

OCCR has purchased the NAACCR 2011 Registry & Surveillance Webinar Series. These webinars are being offered FREE to all Oklahoma registrars at two locations, Deaconess of Oklahoma City and St. John Medical Center of Tulsa. To register, please email Leslie Dill at LeslieD@health.ok.gov or Delores Greene at DeloresG@health.ok.gov.

## 2011 Webinar Calendar

2/3/2011	Collecting Cancer Data: Testis
3/3/2011	Collecting Cancer Data: Bladder
4/7/2011	Collecting Cancer Data: Breast
5/5/2011	Collecting Cancer Data: Prostate
6/2/2011	Best Practices for Developing and Working with Survival Data
7/7/2011	Complete Case Identification and Ascertainment
8/4/2011	NAACCR Interoperability Activities and the Electronic Health Record
9/1/2011	Coding Pitfalls



## Just for Fun

Match the OCCR staff member from the “THEN” column to the “NOW” column. Answers revealed on page 6.

THEN



As a child, she helped raise a flying squirrel, appropriately named Baby Squirrel.



She was high-fived at a concert by country music star Darius Rucker.



Her family has lived in OK since before OK became a state in 1907.



Blindfolded, she can identify the color of M&Ms by taste.



She can name the 50 states in alphabetical order in less than 30 seconds.



As a child, she had a pony named Tony.



She was a high school science teacher in Indiana before moving to Oklahoma.

NOW



Amanda Moran



Anne Pate



Leslie Dill



Judy Hanna



Charlotte Murphy



Delores Greene



Beth Watwood

## Coding Corner: Did You Know?

By Delores Greene, CTR

### Unknown and Ill-Defined Primary Sites (C76.0-C76.8 and C80.9)

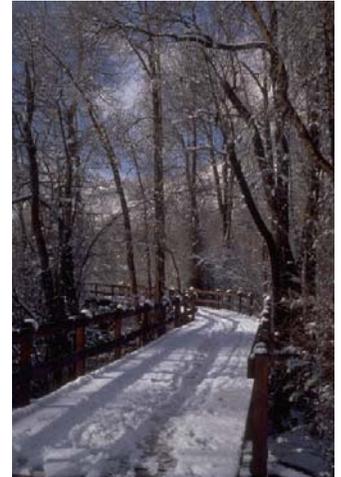
For an unknown or ill-defined primary site, the surgery must be coded as 98 WITH or WITHOUT surgical treatment. Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site or Surgical Procedure/Other Site at This Facility* (pg287 FORDS). Code 1 in this data item when surgery is performed to treat tumors of unknown or ill-defined primary sites (pg229/231 FORDS). *Scope of Regional Lymph Node Surgery* should be coded as a 9 for all unknown or ill-defined primary sites (page 225/227 FORDS).

### Grade/Differentiation

Code the grade or differentiation as stated in the **final** pathologic diagnosis. If the grade is not stated in the final pathologic diagnosis, use the information from the microscopic description or comments. If more than one grade for the tumor is listed on the pathologic diagnosis, code the highest grade even if the grade is only a focus (Rule G, ICD-O-3, pg. 21). Code the grade or differentiation from the primary tumor and not from a metastatic site. When there is no tissue diagnosis, it may be possible to establish grade through magnetic resonance imaging (MRI) or positron emission tomography (PET). When available, code grade based on the recorded finding from these imaging reports. Want to know more? See page 11 & 112 FORDS and page 30-31 ICD-O-3.

### Non-Infiltrating Comedocarcinoma

When there is non-infiltrating comedocarcinoma and any other intraductal carcinoma, use Table 1 (page 49) in the MP/H Coding manual to determine the correct code. Example: Pathology report reads intraductal carcinoma with comedo and solid features. Code as 8501/2 (comedocarcinoma).



### Cryprostatectomy

When the physician treats the patient's prostate cancer with cryprostatectomy, code the **CS Tumor Size/Ext Eval** as a 1 (does not meet criteria for AJCC pathologic staging: No prostatectomy done. Evaluation based on physical examination including digital rectal examination, imaging examination, or other non-invasive clinical evidence used). The surgical code for cryprostatectomy would be 14 with no path specimen being sent to pathology. If the patient has a transurethral resection of the prostate (TURP) and cryo-

surgery, code 24. See page 278 in FORDS.

SSF #3 for prostate is based upon pathological staging of the prostate. If the patient was treated with a cryprostatectomy, code this to 970 (no prostatectomy done within first course of treatment). In this case scenario, the prostate itself was not removed, only frozen to kill the gland and cancer. To be able to use the pathological codes in SSF#3, a total prostatoseminal-vesiculectomy, including regional node specimen and histological confirmation are required for pathologic T classification. A simple prostatectomy is acceptable for pathologic T classification when disease is confined to the prostate and margins are negative at time of surgery.

# Bonnie Connelly

1952-2010



On December 27, 2010, OCCR and the cancer registry community lost a dear friend. Bonnie Connelly began her career in cancer registry in 1989. Through the years she has worked for Norman Regional Hospital, St. Anthony's, and the VA Medical Center of Oklahoma City. In 2003, Bonnie came to work for the Oklahoma State Department of Health (OCCR) as the Western Regional Hospital Consultant. Bonnie mentored many new hospital registrars before retiring in May of 2010. She was also a member of the Oklahoma Cancer Registrars Association for 21 years, proudly serving 2 terms as President. One might remember her as the funny blonde who hosted the raffles at the OCRA conferences, or, perhaps, Alan Jackson's greatest fan. To all of us, Bonnie was a kind-spirited, fun-loving and caring friend. Never to be forgotten, Bonnie will always be in our hearts.



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## National Cancer Registrars Week

by Beth Watwood, RHIA, CTR

Mark your calendars! National Cancer Registrars Week (NCRW) is April 11-15, 2010. The theme this year is *Cancer Registrars Pave the Way to a Cure*. NCRW was established as an annual celebration to promote the amazing work of Cancer Registry professionals. Check the NCRA website for more information and for ways to promote the Cancer Registry profession at your facility! <http://www.ncra-usa.org>

## JUST FOR FUN Answers Revealed

Here are the answers to page 3's "Just for Fun" activity:

#1 Delores Greene; #2 Beth Watwood; #3 Charlotte Murphy; #4 Leslie Dill;  
#5 Amanda Moran; #6 Judy Hanna; #7 Anne Pate.



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