Summer 2020

OKLAHOMA
State Department of Health

OCCR QUARTERLY

OCCR Attains Gold Standard Again!

by Alexandra Feld, MPH

For the fifth year in a row, the Oklahoma Central Cancer Registry (OCCR) has achieved Gold Certification from the North American Association of Central Cancer Registries (NAACCR) for the 2019 annual data submission. The OCCR submitted 412,995 Oklahoma cancer cases diagnosed from 1997-2017 to NAACCR and the Centers for Disease Control and Prevention – National Program of Cancer Registries (CDC-NPCR).

Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. The assessment is repeated annually and the recognition only pertains to a single year of data (diagnosis year 2017). To achieve Gold Certification, the data from a cancer registry must meet all of the following criteria:

- Case ascertainment has achieved 95% or higher completeness.
- A death certificate is the only source for identification of fewer than 3% of reported cancer cases.
- Fewer than 0.1% duplicate case reports are in the file.
- All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 100% error-free.
- Less than 2% of the case reports in the file are missing meaningful information on age, sex, and county.
- Less than 3% of the cases in the file are missing meaningful information on race.
- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review.

The OCCR team worked tirelessly to attain Gold Certification over the past year and to maintain the highest standard recognized is remarkable! This achievement would not be possible without the dedication and commitment from each and every Oklahoma cancer reporter. Thank you all for your valuable contribution and continued efforts toward cancer control and prevention throughout the state! We look forward to another year of hard work and success.

NAACCR
2020
GOLD CERTIFICATION
based on diagnosis year 2017

New Cancer Registry Consultant

By Leslie Dill

The OCCR is pleased to introduce the newest member of our team, Kerri Torgler. Kerri joined us on June 15, 2020, as the new cancer registry consultant. In this position, Kerri will communicate with small volume reporting facilities while providing technical support and training as necessary.

In 2017, Kerri started attending Tulsa Community College to obtain an Associates Degree and receive her Registered Health Information Management (RHIT) certification, both of which she accomplished in 2019. Currently, she attends Southwestern Oklahoma State University (SWOSU) where she is pursuing a Bachelors in Health Information Management and Minor in Health Care Administration.

Kerri comes to us with a variety of healthcare experience including Coordinator Physician Records Services, Discharge Analyst, 25 years of management experience and what she describes as a lifetime in customer service. When asked what led her to her chosen profession, Kerri replied, "It was a perfect fit for my skill set while building on the educational side of the world in Health Information Management and its endless possibilities. I don't think there is anyone who hasn't been touched by cancer of a family member or friend-myself included. I firmly believe the only way to defeat this disease is the ongoing reporting, documentation and analysis provided by the nation's registries, like OCCR."

When she's not at home studying in Broken Arrow, Kerri can be found spending time with her daughter, Reanna, and son-in-law, TJ. Some of her favorite pastimes are gardening, cross-stitch, painting, cooking, and playing with her fine-feathered friends, a Senegal parrot named Sansa, and a yellow sided green-cheek conjure named Beau.

An interesting fact about Kerri's ancestry is that her great, great grandmother survived the Trail of Tears at the age of 7. Her signature can be seen on the Dawes Roll at the Cherokee National History Museum in Tahlequah, OK.

We are so excited to have Kerri join Team OCCR!

To contact her, call (405) 271-9444, ext. 57108 or email kerri.torgler@health.ok.gov

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Calling All Reporters…

Have you completed the OCCR Facility Contact Information form?

Please contact Paula Marshall at paulam@health.ok.gov to resend the survey link.

What a Compliance Letter Means to Your Facility

By Barbara Murray, CTR

Compliance: An act of conformity to rules and regulations

A quarterly report is generated at the OCCR by the Compliance and Education Specialist to evaluate each reporting facility for compliance to reporting rules and regulations. Ideally, these reports are created in January, April, July, and October each year. The data consists of the number of cases a facility has reported over the prior three months. The most recent compliance report contained the number of cases reported by facilities in January, February, and March of 2020. The majority of cases reported should have been from July, August, and September of 2019 (180 days after date of first contact). This data was added to previous quarters' compliance data in a cumulative manner. A compliance letter was generated from the data in the report. The expectation used in calculation was that 75% of the previous year's cases had been submitted.

What is in a compliance letter? Usually a greeting, a general statement about the reporting status of a facility, a closing remark and a helpful tip or other message from the OCCR. The most important portion of the letter is a table documenting the status, by percentage, of required cases to be reported. The number of cases the OCCR uses to arrive at the percentage is an average of previous years' caseloads. The previous year and the current year are included in the table. The example below shows a facility that was compliant for the current year, but noncompliant for 2018.

	Required cases to be reported through March 31, 2019 (percentage)	**Actual cases reported through March 31, 2019 (percentage)**	**Cases needed to be compliant (range)**	**Compliant Y/N**
Cases with 2018 admit/diagnosis date	100%	89%	**75-80**	N
Cases with 2019 admit/diagnosis date	75%	80%	-	Y

*Percentages are based on an average of previous years' case counts and may be subject to change.

Why do we send compliance letters? Since all facilities in Oklahoma that diagnose and/or treat cancer are required to report to the OCCR, quarterly compliance letters are to keep your facility informed. If your facility is compliant for both years, it give us an opportunity to thank you for your hard work. If you are not compliant, a quarterly update will let you know where your facility stands and give you an opportunity to reach out to the OCCR to discuss ways to become compliant, explain changes in your facility's circumstances, or help you identify a possible problem in correctly submitting your data. A noncompliant facility is required to contact the Compliance and Education Specialist at the OCCR within 3 weeks of receiving a non-compliance letter to discuss the circumstances. Continued non-compliance and failure to contact the OCCR can result in fines for your facility.

When are compliance letters sent? There are three date components to the compliance letter schedule. The period of time when the letter is prepared, the dates of diagnosis/first contact, and the abstracting timeframe. Keeping these dates straight can be confusing at times. The following schedule should be a useful tool.

What a Compliance Letter Means to Your Facility, cont'd

Compliance Letter Schedule

*Date of Diagnosis/Date of First Contact	The Month Cases from Column 1 Should Be Abstracted and Uploaded **180 Days/6 Months	The Month Compliance Letters Should Be Sent
April 2019	October 2019	Mid-late January 2020 Expectation: 50% of the previous year's caseload has been submitted.
May 2019	November 2019	
June 2019	December 2019	
July 2019	January 2020	Mid-late April 2020 Expectation: 75% of the previous year's caseload has been submitted.
August 2019	February 2020	
September 2019	March 2020	
October 2019	April 2020	Mid-late July 2020 Expectation: 100% of the previous year's caseload has been submitted.
November 2019	May 2020	
December 2019	June 2020	
January 2020	July 2020	Mid-late October 2020 Expectation that 25% of the current year's caseload has been submitted.
February 2020	August 2020	
March 2020	September 2020	

*Date of diagnosis is the date a patient is first diagnosed with a malignancy whether by tissue, imaging or other means. Date of first contact is the date your facility diagnoses a patient with a malignancy, or treats a patient with malignancy, if diagnosed elsewhere.

**180 days or 6 months is the maximum time allowed between diagnosing or treating a malignancy and reporting the cancer incident to the Oklahoma Central Cancer Registry (OCCR). The timeframe is established by Title 310 Chapter 567 of the Oklahoma Administrative Code.

The above chart shows that compliance letters sent out in July 2020, will pertain to cases diagnosed in October, November and December 2019, which should be submitted to the OCCR in April, May, and June 2020. The monthly submission schedule applies to hospitals reporting over 50 cases per year. Smaller facilities may report quarterly.

Web Plus for 2018

By Christy Dabbs, AA, CTR

Enhanced security measures are coming soon. On July 1, 2020, new security measures will be implemented for all Web Plus account holders. This is to ensure additional protection against unauthorized access. Security measures that will be changing are increased password complexity, passwords will expire every 90 days and only 5 invalid login attempts will be allowed. Later in the year we plan to implement a challenge question at login. More information to come on this. As a reminder, each Web Plus user should have their own account. If you need a Web Plus account, please contact me at christyd@health.ok.gov

Rocky Mountain Cancer Data System (RMCDS) Corner

By Christy Dabbs, AA, CTR

RMCDS Version 18

There are no major changes to software. Please remember to update the software monthly. This will keep the software up-to-date with any small bug fixes that are made each month.

RMCDS REPORTS

You may want to perform a quality review of cases prior to sending them to the state. Follow these instructions to generate a list of cases that are ready to be transmitted to the state.

Run Edits on cases which are ready to transmit. You can do this one of two ways:

1. Using the stateab.sel subset that is automatically created when running the state back up
   a. You can run edits on the subset that is created when you run the state back up
      1. Run the state back up
      2. On the main screen click Reports in the main menu then click Error Checks
      3. Change the error report to Central: Incoming Abs
      4. Browse for the subset stateab.sel. This subset contains all the cases pulled to send to the state
      5. Select whether or not you want to run interactive edits
      6. Click run and the error check will run on all the cases in the stateab.sel subset
   b. If you do not want to create the state back up, you can create a subset to pull the cases
      1. On the main screen click the create subset tile
      2. Use item numbers 2110G Date sent to state, Min= 8 blanks then Add Item. Next use 2116Q Suspense Flag, Min= blank (a blank space) then Add Item
      3. Name the subset in Output subset
      4. If you want to save this subset criteria to use again, go to file, Save Criteria then click Save
      5. Click RunNext follow steps 1-6 in step 1a above. Browse for the subset name you created in 1b3
2. Report by abstractor
   a. On the main screen click the create subset tile
   b. Select the radio button for Subset and browse for the stateab.sel subset or the subset created in 1b3
   c. Use item number 570 Abstracted By--Hosp, Min= abstractors initials, Max= abstractors initials, e.g. Min= abm, Max= wag. Enter the min and max alphabetically for the range
   d. Name the subset in Output subset then click Run
   e. You can choose to print the listing from the confirmation box prior to clicking OK or you can print your listing using the Listing tile on the main screen. I recommend using Listing if you want a spread sheet
      1. Click Listing
      2. In listing report type select Chosen Variables which allows you to pick the variables you want on the report
      3. Browse for the subset created in step 2d
      4. Title is optional, Click Run
      5. The next window will allow you to enter the variables you want to see on the report. Enter item number and add it to the list. Use search if you do not know the item number
         6. Click the English option if you want the text description of the data item instead of the code. This is only available for certain data items
         7. RMCDS will automatically include the accession-sequence number as the first variable unless the box is checked to not add it (Remove CTR-Seq# as first variable)
         8. When all the data items are added to the list click run
         9. In the View File Options window select Spread Sheet
         10. In the HIPAA Requirements window select the radio button for Registry Operation

Resources on the Impact of the COVID-19 Pandemic on Our Cancer Community

By Alexandra Feld, MPH

Throughout the last three months, the various and far-reaching impacts of the COVID-19 pandemic have begun to unfold. Throughout the cancer community, these impacts touch everything from delays in data reporting to delays in screening, diagnosis, clinical trials, and treatment, and ultimately affect outcomes. Important and necessary discussions and assessments of these impacts are happening here in the Central Cancer Registry, as well as among our national partners at the CDC - National Program of Cancer Registries (NPCR), NAACCR, the National Cancer Institute, National Cancer Registrar's Association, and around the world.

In the past few months, multiple research studies have been performed as well as other resources and articles disseminated assessing these and other impacts. Some important topics impacting our community and available tools are:

- Preventive Cancer Screenings during COVID-19 Pandemic **(EPIC Health Research Network)**: Identifying the impact of the pandemic on screening rates for cervical, colon, and breast cancers.
- New COVID-19 Cancer Registry Aims to Understand Impact on Patients During Pandemic, Inform Future Care **(The American Society of Clinical Oncology (ASCO))**: ASCO launched the *ASCO Survey on COVID-19 in Oncology* Registry (ASCO Registry) to help the entire cancer community learn about the pattern of symptoms and severity of COVID-19 among patients with cancer, as well as how COVID-19 infections impact the delivery of cancer care and patient outcomes.
  - ⇒ More information on the ASCO Registry can be found here: https://www.asco.org/asco-coronavirus-information/coronavirus-registry
- Collateral damage: the impact on cancer outcomes of the COVID-19 pandemic **(18 different cancer-related institutions throughout the UK)**: Cancer diagnostics and surgery have been disrupted by the response of healthcare services to the COVID-19 pandemic. Progression of cancers during delay will impact on patient long-term survival.
- Impact of COVID-19 on oncology clinical trials **(Cancer Research Institute)**: Researchers utilized a combination of surveys and interviews of oncology clinical investigators globally, and analyses of data from IQVIA and Clinical Trials.gov on oncology clinical trials, to investigate challenges, risks and contingencies. The aim is to understand how the crisis is affecting the management of ongoing oncology clinical trials and the planning of future trials.
- Stephenson Cancer Center Developing App for Cancer Patients During COVID-19 **(OU Medicine and the Stephenson Cancer Center)**: The National Cancer Institute (with support from the Oklahoma Tobacco Settlement Endowment Trust (TSET)) funded a grant for the rapid creation of an app that will monitor the well-being of patients with cancer during the time of COVID-19, as well as a study on its effectiveness.
- NAACCR Task Force **(North American Association of Central Cancer Registries)**: The task force will monitor, assess, and analyze the impact of the pandemic and its effect on patient outcomes. The task force is comprised of experts from NCI, CDC, NAACCR, NCRA, CoC, and central and hospital registries, to strategize methods and standards for collection of COVID-19 status among cancer patients, as well as the impact of the pandemic on treatment and other clinical decision-making.
- COVID-19 and Cancer – Frequently Asked Questions **(OU Medicine and the Stephenson Cancer Center)**: Frequently asked questions regarding COVID-19 and Cancer, as well as other health issues including: What to Do If You Think You Have COVID-19; Children & COVID-19; Pregnancy & COVID-19; Diabetes & COVID-19; Mental Health & Well-being; COVID-19 Testing Sites; and more.

The OCCR team is sensitive to the fact that many hospital cancer registries and cancer reporters throughout the state are operating under a great deal of strain, with personnel being furloughed or reassigned and the disruption caused by working remotely. We encourage you to reach out to us with any concerns or questions about the impact of the current situation on your facility or reporting capabilities.

If you know of additional resources that might help others throughout our community during this time, please let us know so that we may share them with the community.

The Buzz Among Researchers

by Judy Hanna, HT(ASCP), CTR

Each quarter, OCCR would like to provide a sampling of the most current published research articles that we feel may be of interest to the registrars in our community. Education and knowledge are what make it possible for us as registrars to maintain the quality and commitment to continue to document the course of cancer for disease and development. Registrars are often expected to provide a high level of accuracy and completeness with little time and short staffing. This expectation leaves little time for educational opportunities. Please contact Judy Hanna, HT (ASCP), CTR, judyh@health.ok.gov for any additional information.

Thyroid cancer, genetic variations, cell phones linked in new study

Date: February 12, 2020

Summary: A new study led by the Yale School of Public Health finds that radiation from cell phones is associated with higher rates of thyroid cancer among people with genetic variations in specific genes.

The researchers examined over 900 people in Connecticut and found that those with certain single nucleotide polymorphisms (genetic variations commonly referred to as SNPs and pronounced as "snips") were significantly more likely to develop cancer in their thyroid, a gland in the throat that controls metabolism.

Cell phone users with SNPs in four of the genes studied were more than two times likely to develop cancer. The researchers examined a total of 176 genes and identified 10 SNPs that appear to increase the risk of thyroid cancer among cell phone users.

Published in the journal *Environmental Research*, the study is believed to be the first to examine the combined influence of genetic susceptibility and cell phone use in relation to thyroid cancer.

"Our study provides evidence that genetic susceptibility influences the relationship between cell phone use and thyroid cancer," said Yawei Zhang, M.D., Ph.D., a professor in the Department of Environmental Health Sciences at the Yale School of Public Health. "More studies are needed to identify populations who are susceptible to radiofrequency radiation (RFR) and understand exposure to RFR by different using patterns of cell phones."

The findings suggest that genetic susceptibilities play an important role in cell phone use and the risk of developing thyroid cancer and could help to identify subgroups who are potentially at risk. Further research is needed to confirm the findings and to better understand the interaction between cell phone radiation and SNPs within specific genes.

The rates of thyroid cancer have been steadily increasing in the United States and in many other parts of the world, Zhang said. According to the American Cancer Society's most recent report, there were nearly 53,000 new cases of thyroid cancer in the United States, resulting in 2,180 deaths. Thyroid cancer is three times more common in women and is diagnosed at a younger age than most other cancers.

Zhang noted that the study relied on data collected from 2010 to 2011 when smartphones were first being introduced to the market. At the time, only a small proportion of people had smart phones. Therefore, if cell phone use increased the risk of thyroid cancer, it was possibly due to the use of earlier generation cell phones that were more commonly used when the data was collected.

Other Yale School of Public Health researchers involved in the study include Jiajun Luo, Hang Li, Nicole Deziel, Huang Huang and Shuangge Ma. Researchers from China and Florida also co-authored the study.

Yale School of Public Health. "Thyroid cancer, genetic variations, cell phones linked in new study." ScienceDaily. ScienceDaily, 12 February 2020. <www.sciencedaily.com/releases/2020/02/200212121948.htm>.
https://www.sciencedaily.com/releases/2020/02/200212121948.htm

Is It a Diagnosis?

By Barbara Murray, CTR

Anybody that has ever abstracted breast cases has come across BI-RADS. BI-RADS is a tool used by diagnostic radiologists when reading breast images as a standardized method of communication and quality assurance. The terms are used in mammography, ultrasound and MRI. The seven BI-RADS categories are as follows:

BI-RADS 0: incomplete

- need additional imaging evaluation (additional mammographic views or ultrasound) and/or
- for mammography, obtaining previous images not available at the time of reading

BI-RADS 1: negative

- symmetrical and no masses, architectural distortion, or suspicious calcifications

BI-RADS 2: benign

- 0% probability of malignancy

BI-RADS 3: probably benign

- <2% probability of malignancy
- short interval follow-up suggested

BI-RADS 4: suspicious for malignancy

- 2-94% probability of malignancy
- for mammography and ultrasound, these can be further divided:
    * BI-RADS 4A: low suspicion for malignancy (2-9%)
    * BI-RADS 4B: moderate suspicion for malignancy (10-49%)
    * BI-RADS 4C: high suspicion for malignancy (50-94%)
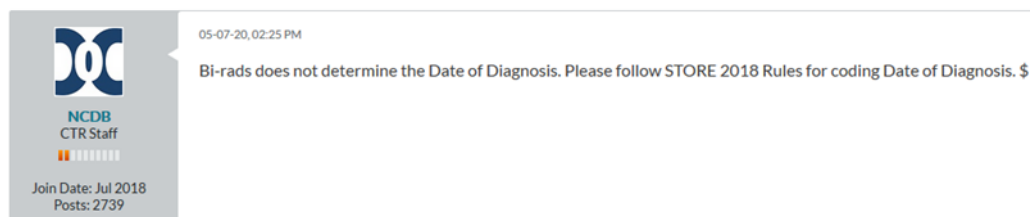- biopsy should be considered

BI-RADS 5: highly suggestive of malignancy

- >95% probability of malignancy
- appropriate action should be taken

BI-RADS 6: known biopsy-proven malignancy

https://radiopaedia.org/articles/breast-imaging-reporting-and-data-system-bi-rads?lang=us

By themselves, the terminology in BI-RADS statements cannot be used as a diagnosis of breast cancer, a date of diagnosis, or a date of first contact. This is true even with BI-RADS 4: "suspicious for malignancy." Suspicious for malignancy is an ambiguous term that constitutes a diagnosis, but unless it also appears separate from the BI-RADS in the body of the imaging report, it is NOT a diagnosis. This was confirmed as recently as 5/7/2020 on the CAnswer Forum by NCDB staff.

05-07-20, 02:25 PM

Bi-rads does not determine the Date of Diagnosis. Please follow STORE 2018 Rules for coding Date of Diagnosis. $

NCDB
CTR Staff

Join Date: Jul 2018
Posts: 2739

http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/case-eligibility-patient-identification-cancer-identification-stage-of-disease-at-diagnosis-tumor-size-and-mets/100026-further-rules-on-using-birad-for-date-of-diagnosis

Annual Report to the Nation on the Status of Cancer

By Julie Bennett, RHIT

Every year The American Cancer Society, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute (NCI), and the North American Association of Central Cancer Registries (NAACCR) collaborate to provide an annual report with updates on cancer occurrence and the trends in the United States. That report is the "***Annual Report to the Nation on the Status of Cancer***" and was published and made available on March 12, 2020.
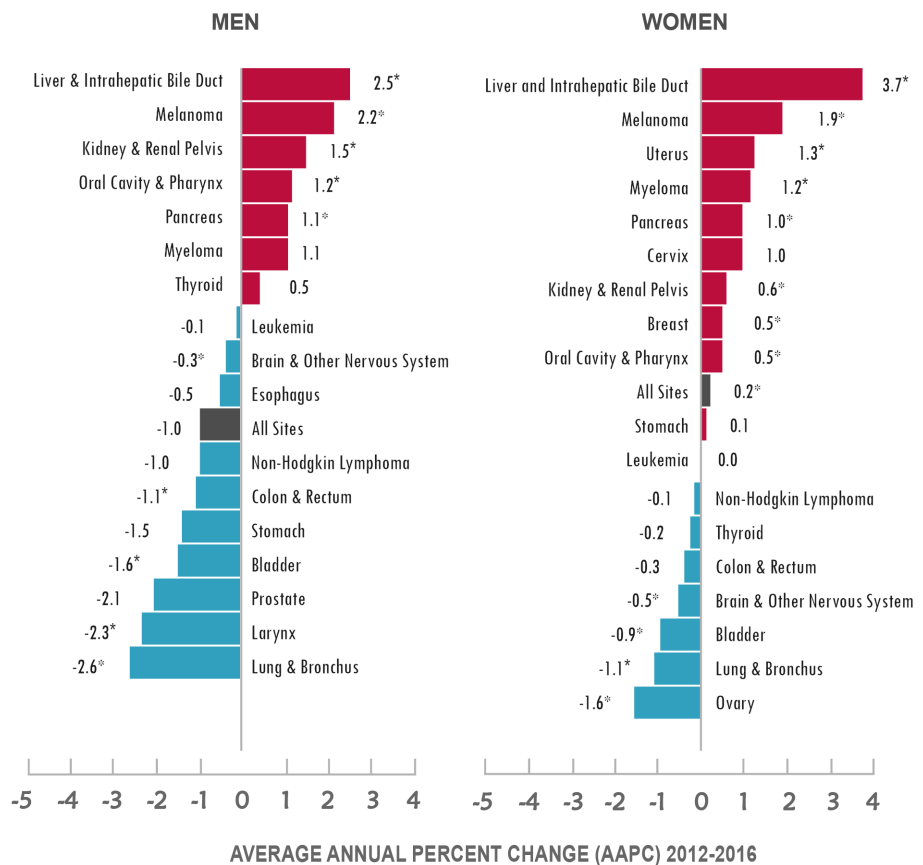
The report provides:

- An update on rates and the long-term trends of new cases (incidence rates)
- An update on cancer related deaths along with the long-term mortality rates
- And trends of the most common cancers

This year's 2020 report features two new additional sections. The first is called, *Healthy People 2020*, with a focus on objectives for death rates, cancer screening, and major risk factors and the progress of the four most common cancers (lung, colorectal, female breast, and prostate).

The second new section includes trends for the most common cancers among children and adolescents (aged 0-14) and young adults or AYAs (aged 15-39). Incidence rates saw an average increase of 0.9% per year in the AYA group along with an average 0.8% increase among children for the years from 2012-2016. Counted among the most common types of cancers for children are leukemia, brain/nervous system, and lymphoma. Decreases in the death rate were reported for both groups. AYAs had an average decrease of 1.0% per year and a reported 1.4% decrease per year among children for 2013-2017.

NATIONAL TRENDS IN RATES OF NEW CANCER CASES

MEN

Cancer	AAPC
Liver & Intrahepatic Bile Duct	2.5*
Melanoma	2.2*
Kidney & Renal Pelvis	1.5*
Oral Cavity & Pharynx	1.2*
Pancreas	1.1*
Myeloma	1.1
Thyroid	0.5
Leukemia	-0.1
Brain & Other Nervous System	-0.3*
Esophagus	-0.5
All Sites	-1.0
Non-Hodgkin Lymphoma	-1.0
Colon & Rectum	-1.1*
Stomach	-1.5
Bladder	-1.6*
Prostate	-2.1
Larynx	-2.3*
Lung & Bronchus	-2.6*

WOMEN

Cancer	AAPC
Liver and Intrahepatic Bile Duct	3.7*
Melanoma	1.9*
Uterus	1.3*
Myeloma	1.2*
Pancreas	1.0*
Cervix	1.0
Kidney & Renal Pelvis	0.6*
Breast	0.5*
Oral Cavity & Pharynx	0.5*
All Sites	0.2*
Stomach	0.1
Leukemia	0.0
Non-Hodgkin Lymphoma	-0.1
Thyroid	-0.2
Colon & Rectum	-0.3
Brain & Other Nervous System	-0.5*
Bladder	-0.9*
Lung & Bronchus	-1.1*
Ovary	-1.6*

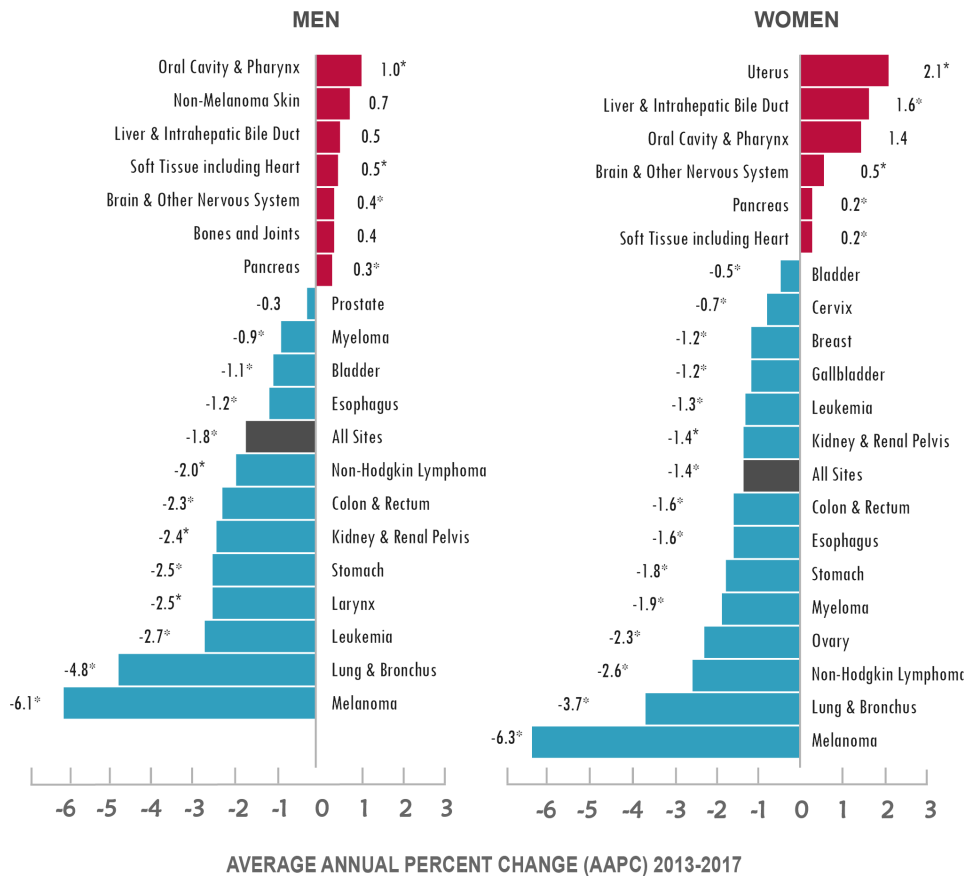**AVERAGE ANNUAL PERCENT CHANGE (AAPC) 2012-2016**

*AAPC is significantly different from zero (p<.05).

seer.cancer.gov
Source: Annual Report to the Nation

Annual Report to the Nation on the Status of Cancer, cont'd

For adults, death rates have seen an overall 15% decline. And incidence rates (new cases) are leveling off among males with a slight increase among the female population. These incidence trends are attributed to population changes in risk factors, screening test use, advances in treatment, and diagnostic practices.

NATIONAL TRENDS IN CANCER DEATH RATES

MEN

Cancer Site	AAPC
Oral Cavity & Pharynx	1.0*
Non-Melanoma Skin	0.7
Liver & Intrahepatic Bile Duct	0.5
Soft Tissue including Heart	0.5*
Brain & Other Nervous System	0.4*
Bones and Joints	0.4
Pancreas	0.3*
Prostate	-0.3
Myeloma	-0.9*
Bladder	-1.1*
Esophagus	-1.2*
All Sites	-1.8*
Non-Hodgkin Lymphoma	-2.0*
Colon & Rectum	-2.3*
Kidney & Renal Pelvis	-2.4*
Stomach	-2.5*
Larynx	-2.5*
Leukemia	-2.7*
Lung & Bronchus	-4.8*
Melanoma	-6.1*

WOMEN

Cancer Site	AAPC
Uterus	2.1*
Liver & Intrahepatic Bile Duct	1.6*
Oral Cavity & Pharynx	1.4
Brain & Other Nervous System	0.5*
Pancreas	0.2*
Soft Tissue including Heart	0.2*
Bladder	-0.5*
Cervix	-0.7*
Breast	-1.2*
Gallbladder	-1.2*
Leukemia	-1.3*
Kidney & Renal Pelvis	-1.4*
All Sites	-1.4*
Colon & Rectum	-1.6*
Esophagus	-1.6*
Stomach	-1.8*
Myeloma	-1.9*
Ovary	-2.3*
Non-Hodgkin Lymphoma	-2.6*
Lung & Bronchus	-3.7*
Melanoma	-6.3*

AVERAGE ANNUAL PERCENT CHANGE (AAPC) 2013-2017

*AAPC is significantly different from zero (p<.05).

For men, there was a decrease in five cancers (2012-2016): lung and bronchus, larynx, bladder, colon/rectum, and brain. But an increase of five cancer in the incidence rates for: liver/bile duct, melanoma, kidney/renal pelvis, oral cavity/pharynx, and pancreas.

For women, there was a decrease in four cancers (2012-2016): ovary, lung/bronchus, bladder and brain. The incidence rates saw an increase for 8 of the 18 most common cancers: liver/bile duct, melanoma, corpus/uterus, myeloma, pancreas, kidney/renal pelvis, breast, and oral cavity/pharynx.

Please take a moment to look over the report and data along with your contribution to the OCCR that makes this possible. https://seer.cancer.gov/report_to_nation/materials.html

The authors of the report have stated, "We gratefully acknowledge the contributions of the state and regional cancer registry staff and health department personnel for their work in collecting the data used in this report."

The OCCR would like to thank each and every single one of our reporters who submit cases and are helping to make a difference. Thank you.

Death Clearance

By Paula Marshall, BBA, CTR

You might ask, "What is the purpose of death clearance and follow-back at the state level?"

The purpose of death clearance is to improve population-based cancer registration by utilizing information from death certificates to: (1) enhance data quality and usefulness with vital status information and other appropriate death information common to both cancer and death registration systems, and (2) improve completeness by adding previously unreported (missed) cancer cases, and (3) generate accurate survival statistics.

Results of the death clearance process provide information to assist registries in assessing the adequacy of reporting from hospital and non-hospital sources. Analysis of these results may identify deficiencies in case finding that can be used to improve reporting from existing sources or indicate additional sources to include in routine case reporting.
Follow-back for death clearance is the process of actively searching for additional information on non-matches identified from linkage of the mortality file to the central cancer registry database. The goal of follow-back is to obtain as much clinical information as possible to create the most complete abstract or to determine the non-match is not reportable.

Many of you are aware of the OCCR death clearance process which includes follow-back to the various sources identified as a result of our annual death match linkage. Each year the OCCR links incidence data with OK state death certificates for the purpose of identifying potential missed incidence cases. Any death with a reportable cancer mentioned as a cause of death that is not found in the OCCR database must be investigated via follow-back procedures. To identify possible follow-back sources, the OCCR utilizes the facility name recorded as place of death on the death certificate as well as linkages with Oklahoma hospital discharge data.

In July, a death clearance list will be sent to your facility for reconciliation. The list will include any patient where your facility was identified via hospital discharge data or documented on the death certificate as the place of death.

- If the case is determined to be **non-reportable**, you will need to provide an estimated date of diagnosis as well as any information on another facility or physician that may have diagnosed or treated the patient.
- If the case is determined to be **reportable**, you will need to abstract and submit the case to the OCCR.

Achieving less than 3% of reported cancer cases where a death certificate is the only source of identification is a certification criterion used as a measure of completeness and accuracy in the North American Association of Central Cancer Registries (NAACCR) registry certification process. The OCCR appreciates your time and efforts assisting us in achieving our certification goals.

Times of Uncertainty and Change

By Lisa Fulkerson, RMA

For the last several months, we have been reminded that things can change forever and quickly. We understand that some of our reporters have been impacted by COVID19. Many of you have been forced to take furloughs, reduced hours, or may be battling the disease yourself or that of a family member.

With all that is going on, I would just like to say that you are in our thoughts and prayers. I encourage you to hang in there and prayerfully this will be over soon.

Thank you for all that you do for the OCCR. We are here for you!

Strong together,
Lisa Fulkerson

OKLAHOMA CENTRAL CANCER REGISTRY

Oklahoma State Department of Health
Center for Health Statistics
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The OCCR is currently teleworking due to the COVID-19 pandemic. While we check our voicemails daily, the best way to reach out may be email. Email addresses for OCCR can be found here.

All 2019 cases are due to OCCR by June 30, 2020.

Is YOUR facility compliant?