

OCCR NewsFlash

Fall 2017

Inside this issue:

Medicare, SSN's and
Cancer Registrars 2

Documenting Patient
Demographic
Information 2

Advisory Committee
Member Spotlight 3

Death Clearance
Process Has Begun 3

Coding Surgical
Procedure of Primary
Site 4

Facility Spotlight 5

Sarcoma: the
"Forgotten" Cancer 6

OCCR Secure Email 6

AJCC Cancer Staging:
Soft Tissue Sarcoma 7

NAACCR 2017-2018
Webinar Series 8

Oklahoma Earns Gold Certification

By Leslie Dill

The Oklahoma Central Cancer Registry (OCCR) received notification of gold certification from the North American Association of Central Cancer Registries (NAACCR) for its annual Call for Data submitted in November 2016. The submission included data from 1997-2014 and was evaluated for completeness of case ascertainment, quality of the data and timeliness. OCCR achieved the gold standard with 100% passing edits, 100% completeness, 0% missing data elements for sex, age and county, 1% for race, and 2.7% death certificate only cases.

The OCCR also received two awards from the National Program of Cancer Registries (NPCR) which designated the registry as a "U.S. Cancer Statistics Registry for Surveillance" and a "2015 Registry of Distinction."



OCCR is pleased to have been recognized by both NAACCR and NPCR. We wish to thank all of our reporting facilities for their role in providing timely data submissions and quality cancer data.

It's Almost Here!

By Judy Hanna, HT(ASCP), CTR

A great opportunity for education, networking and raffle fun is right around the corner. The Oklahoma Cancer Registrars Association (OCRA) is hosting its annual Educational Conference October 19-20, 2017 at the Saint Francis Hospital Laureate Conference Center in Tulsa, OK. To see the conference agenda, conference registration form and hotel registration information, visit OCRA's website at <http://ocra-ok.org>. You may also contact Danette Clark at (918)556-7118 or dclark@saintfrancis.com.

The conference registration deadline is September 30, 2017. It's a good idea to get registered early!

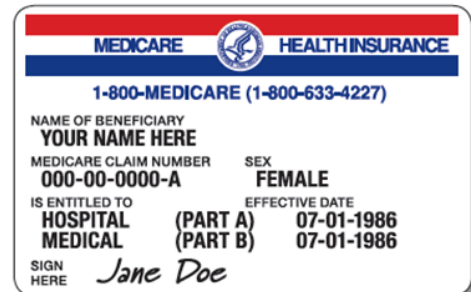
Medicare Cards, Social Security Numbers & Cancer Registrars

By Christy Dabbs, AA, CTR

In June of this year, the Electronic Health Records Incentive Programs News Updates, *A Program of the Centers for Medicare & Medicaid Services*, announced that “Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft and protect essential program funding and the private healthcare and financial information of our Medicare beneficiaries¹.”

The new cards will have a unique, randomly-assigned number that will be called the Medicare Beneficiary Number (MBI) and will replace the existing social security-based health insurance claim number. New cards will begin to be mailed out to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

You may be asking: what does this have to do with me as a registrar? In the course of abstracting, a scanned Medicare card might be used as an additional source to verify the accuracy of a social security number in the medical record. The OCCR realizes that this is not your first source for a social security number but wanted to make you aware of the upcoming changes due to use as a possible second source. We would also like to remind all Oklahoma registrars that social security number is a required data item by NPCR, CoC and SEER registries and must be reported in full to the OCCR.



The NAACCR record layout version 16 allows for either the social security number or all 9's (999999999) if the number is unknown. If the medical record demographics has the social security number as unknown, every effort should be made by the registrar to locate a valid number within the medical record (scanned documents including scanned outside forms/ records, other admits, etc.) to report to the central registry. For more information about the new Medicare cards please visit <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>.

¹5 ways for Healthcare Providers to Get Ready for New Medicare Cards [E-mail to the author]. (2017, June 06).

Documenting Patient Demographic Information

By Susan Nagelhout, CTR

The OCCR receives cancer cases from over 200 hospitals, physicians, surgery centers, pathology laboratories and treatment centers. When cases are submitted to OCCR, the software automatically checks for “duplicate” patients – the same patient submitted by multiple facilities. This automatic process is performed by matching patient demographic information – name (first, last and middle), date of birth (DOB), social security number (SSN), race, and sex, as well as primary site.

It is extremely important that patient demographic information be correctly recorded in the abstract so that the same patient is matched appropriately. All cancer abstracts with patient demographic information that differs between facilities must be authenticated. Your facility may have received a phone call or email from OCCR staff requesting verification of DOB, SSN or other demographic information. If you have received an inquiry from OCCR, it is because your facility and another facility have different demographic information in the patient abstract.

Prior to completing the cancer abstract, it is strongly recommended that you compare patient demographic information recorded in the abstract with information in the medical record to confirm accuracy. Accurate demographic information in a cancer abstract will eliminate the need for follow back from OCCR staff.



Advisory Committee Member Spotlight

By Kaela Howell, RHIA

Since 2013, OCCR has held a quarterly Advisory Committee meeting to receive support and guidance from the top medical and public health professionals in the state. These members are an important and appreciated resource for the central registry, offering their valuable time to assist in improving the usability of data, developing effective partnerships and increasing awareness of registry activities within the different communities across the state. This quarter, OCCR would like to spotlight one of our Advisory Committee members, David Dude.

David Dude joined the American Cancer Society in 2012 as a State Health Systems Manager. This current role involves working with major health systems in Oklahoma around prevention and early detection initiatives. A longtime resident, David, his wife and two boys originally moved to Oklahoma in 1989 when David received the promotion of District Manager with the biopharmaceutical company, Bristol-Myers Squibb. Prior to his pharmaceutical sales career, he worked in direct patient care and management with the VA Medical Center, Jefferson Barracks Division in St. Louis, MO.

David holds a BA degree in Biology from Southern Illinois University-Edwardsville and a BS degree in Nursing from St. Louis University. In addition to his direct patient care experience, he has over 40 years of healthcare experience in managed care, pharmaceutical sales, sales management, and non-profit mission delivery work. He has also served as a medic, flight nurse and medical crew director with the US Air Force Reserve.



David Dude

Death Clearance Process Has Begun

By Jessica Freeman

The death clearance process is required by the NPCR for all central cancer registries they fund. It is a process that requires additional documentation for cancer cases identified via a death certificate. The OCCR is required to have no more than 3% of its cases as “Death Certificate Only” (DCO). In order for a case to be taken out of DCO status we must receive additional information from at least one clinical source or medical record. We perform “follow back” by contacting the facility listed on the death certificate. If no facility is listed, we use hospital discharge data to find facilities where the patient was seen. We have identified **over 800 DCO cases** that must be reconciled. We realize your facility might not have diagnosed or treated the cancer; however, any documentation confirming a diagnosis of cancer and date of diagnosis would be extremely helpful. We appreciate your assistance in the completion of this process and could not meet NPCR standards without your help!

Please direct any questions regarding this process to Jessica Freeman at JessicaF@health.ok.gov or call (405) 271-9444 ext. 55720.

Coding Surgical Procedure of Primary Site

By Susan Nagelhout, CTR

The Facility Oncology Registry Data Standards (FORDS) 2016 manual gives the following instructions for coding the data item *Surgical Procedure of Primary Site*:

When multiple first course procedures coded under Surgical Procedure of Primary Site are performed for a primary, the most extensive or definitive is the last performed, and the code represents the cumulative effect of the separate procedures. Do not rely on your registry software to accumulate separate surgeries into the correct code.

If your software allows the coding of only one surgical procedure of primary site, you will code the cumulative effect of the separate procedures.

POP QUIZ #1:

Patient with nodule in left lobe of thyroid admitted to Hospital A for left thyroid lobectomy on 6/2/16. Pathology diagnosis is papillary thyroid carcinoma. Patient is readmitted to Hospital A for completion thyroidectomy on 6/15/16. (Completion thyroidectomy is the removal of the remaining thyroid tissue after previous lobectomy.)

Question: How would you code data item *Surgical Procedure of Primary*?

Answer: Code 50 – Total thyroidectomy

Rationale: Code the cumulative effect of separate surgical procedures – one lobe of thyroid removed during first procedure; remainder of thyroid removed at second procedure.

POP QUIZ #2:

68 year old WF admitted to Hospital A with abdominal pain. She is taken to surgery on 11/13/16 and has total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH, BSO). Pathology diagnosis is papillary serous carcinoma of bilateral ovaries. Patient is admitted to Hospital B and has debulking/cytoreductive surgery on 12/1/16. (Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites.)

Question: How would you code data item *Surgical Procedure of Primary*?

Answer: Code 60 – Debulking; cytoreductive surgery, NOS

Rationale: Even though the ovaries (primary site) were previously removed, the cumulative effect of the surgery is a debulking.

POP QUIZ #3:

Patient diagnosed with right breast infiltrating ductal carcinoma at outside facility. She is admitted to Hospital A for right breast lumpectomy on 3/26/16. Pathology shows tumor at the deep margin. Patient is readmitted to Hospital A on 4/1/16 for re-excision lumpectomy to obtain clear margins. Pathology shows no residual tumor in specimen.

Question: How would you code data item *Surgical Procedure of Primary*?

Answer: Code 23 – Re-excision of the biopsy site for gross or residual disease.

Rationale: Code the most definitive or extensive procedure; code the cumulative effect - surgery to clear margins.



SPOTLIGHT



Cancer Treatment Centers of America® at Southwestern Regional Medical Center

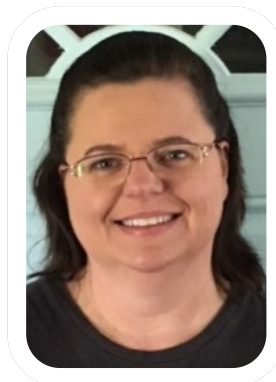
By Christina Panicker, MBA, CTR

Cancer Treatment Centers of America® (CTCA) at the Southwestern Regional Medical Center opened its doors in 1990 and is a part of a national network of hospitals that serve adult patients fighting cancer. The Tulsa center has 40 inpatient beds and 153 outpatient accommodations. In 2016, CTCA in Tulsa treated 62% of newly diagnosed patients, 71% of those patients being from outside of Oklahoma. With the contributions of their cancer registry, CTCA maintains a CoC and National Accreditation Program for Breast Centers (NAPBC) accreditation status. In 2016, their total caseload was more than 720 cases. The hospital cancer registry consists of two registrars, Shelly Ware and Amy Finn.

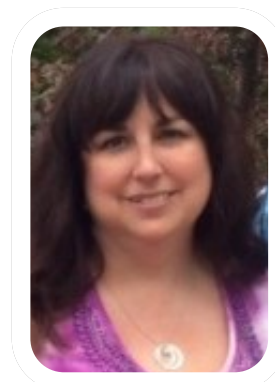
Shelly began her cancer registry career in 1998 with St. John Medical Center. She received her CTR in 2002 and joined CTCA in 2010. She has been an OCRA member for many years, serving on the Executive Committee in various roles including secretary, public relations chair, president-elect, bylaws chair, president, past-president, and education chair. Shelly has been married for 23 years to her husband, Chris, who is a teacher at Dove Science Academy. Their son, Aaron, started Tulsa Community College (TCC) this year and daughter, Courtney, is in the 7th grade. They also have a rescued min-pin-Chihuahua mix named Ladybug. Shelly's hobbies include watching her kids play sports, visiting family in Baton Rouge, Louisiana, baking, and cooking.

Amy also began her registry career at St. John Medical Center in 1998. She graduated in 2004 from TCC with a degree in Health Information Management and additional degrees in Applied Sciences and Coding/Reimbursement Specialties. In 2005 Amy started working in Trauma Registry, later earning her Trauma Registrar credential in 2009. In 2011 Amy joined the staff at CTCA and earned her CTR credentials in 2013. She is currently the OCRA vice president and nominating chair and has previously served as past public relations and membership chair. Amy is married to Keith, a musician by heart who does have a day job! They have two daughters: Lindsey, a student at TCC, and Kelsey, a high school senior. If Amy could visit anywhere in the country, her favorite place is Washington D.C. Outside of work, her passions include reading books about American history, including the history of Oklahoma.

Shelly and Amy face the same challenges every registrar does; relearning the updated rules and manuals every few years. They attend monthly cancer committees and cancer conferences twice a week. Amy states, "Something our department looks forward to each year is our Celebrate Life event held each year for 5, 10, 15, 20 and 25-year survivors. Thankfully, we get to attend National Cancer Registrars Association (NCRA) almost every year. We enjoy going to this very educational meeting and learning a lot of useful information as well as visiting with registrars from across our enterprise."



Amy Finn, CTR

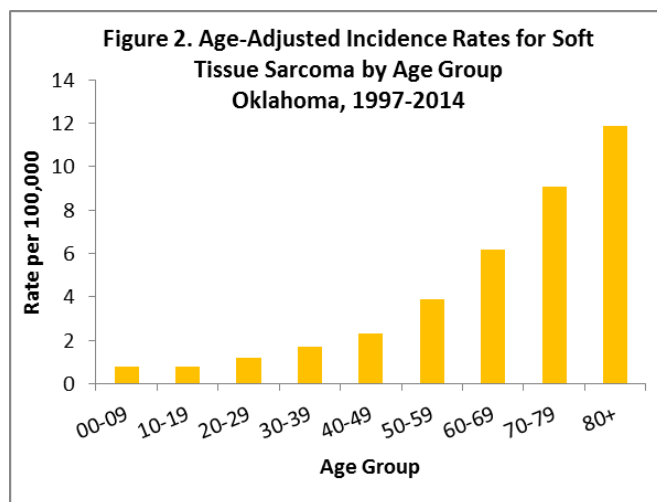
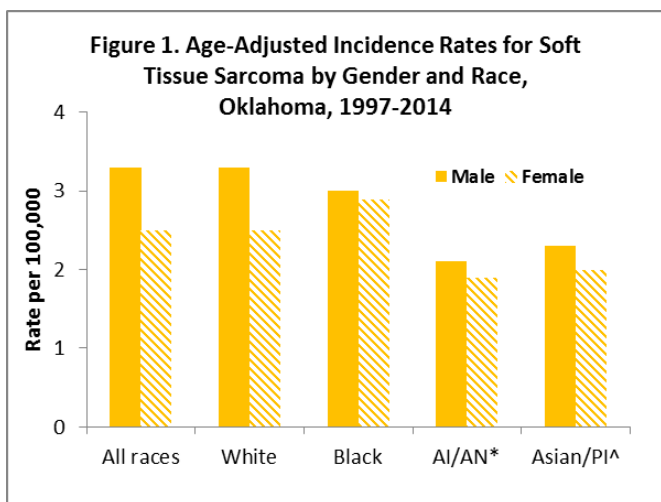


Shelly Ware, CTR

Sarcoma: the “Forgotten Cancer”

By Raffaella Espinoza, MPH

July is the designated month for Sarcoma Awareness, a rare cancer of connective tissue that can be found in any part of the body. Sarcoma can form either in the bone (osteosarcoma) or soft tissue (cartilage, fat, muscle, blood vessels, tendons, nerves, around joints) of the body. The American Cancer Society estimates that in the U.S. there will be about 12,390 new soft tissue sarcoma cases in 2017¹. A few risk factors have been found to make a person more likely to develop soft tissue sarcoma such as: radiation, certain family syndromes, a damaged lymph system and exposure to certain chemicals¹. There are no screening tests for sarcoma; however it is recommended that families with a history of sarcomas discuss genetic testing with their physician. There have been 1,927 soft tissue sarcomas diagnosed between 1997 and 2014 in Oklahoma. As seen in Figure 1, the age-adjusted incidence rates are the highest among white males in Oklahoma and increase risk associated with age (see Figure 2).



*American Indian/Alaska Native

^Pacific Islander

More information can be found in the Sarcoma Alliance website: <http://sarcomaalliance.org/>. Sarcoma Alliance a non-profit group that strive to improve lives of people affected by sarcoma through accurate diagnosis, improved access to care, education and support.

1. American Cancer Society. “Soft Tissue Sarcoma” Last revised January 6, 2017. Accessed on August 28, 2017. <https://www.cancer.org/cancer/soft-tissue-sarcoma.html>

OCCR Secure E-mail: Sending Confidential Information

By Kaela Howell, RHIA

Throughout the year the OCCR works through processes which require follow back with facilities to confirm data. This involves the comparing of two or more cases with similar information to verify they are not describing the same patient or primary. In instances where the data is inconsistent, an inquiry may be sent to one of the reporting facilities asking to confirm information. The OCCR will now be sending these inquiries through the encrypted email service, Glob@ICerts™. Upon first inquiry recipients will receive an initial email asking that you set up your own clue and passphrase to set up a profile. After setting up a profile, recipients can log in and correspond securely with OCCR.



AJCC Cancer Staging—Soft Tissue Sarcoma

By Susan Nagelhout, CTR

Rules for classification – clinical

- T is divided into lesions less than 5 cm or greater than 5 cm
- Minimal clinical staging work-up includes imaging by MRI or CT of primary site, and imaging of lungs, the most likely site of distant metastasis

Rules for classification – pathologic

- Removal and pathologic evaluation of the primary tumor are required
- Clinical and/or radiologic evaluation for regional and distant metastasis
- In circumstances where it is not possible to obtain accurate measurements of the excised primary sarcoma, it is acceptable to use radiologic assessment to assign pT.

Additional rules for classification

- Depth of primary tumor: a) superficial – located entirely in the subcutaneous tissue without any degree of extension through the muscularis fascia or underlying muscle; b) deep – located partly or completely within one or more muscle groups within the extremity; c) non-superficial head and neck, intrathoracic, intra-abdominal, retroperitoneal and visceral lesions are considered to be deep lesions.
- Nodal disease – Nodal involvement is rare. In assigning of stage group, patients whose nodal status is not determined to be positive for tumor, either clinically or pathologically, should be designated as N0.
- Grade should be assigned to all sarcomas; the French system is preferred (Federation Nationale des Centres de Lutte Contre le Cancer – FNCLCC); grade is a factor in determining the stage group.

Information from Donna Gress, RHIT, CTR on the Cancer Forum

- For 2016 cases – if there is removal of the primary tumor without removal of regional lymph nodes, the registrar will leave the pN blank. The cN0 information from the clinical stage may be used to assign the pathologic stage group.

Example case:

25 year old male presents with abdominopelvic pain. CT abdomen/pelvis shows a soft tissue mass in the retroperitoneum 17 x 15 x 12.5 cm, with no evidence of regional lymph node abnormality. Biopsy of retroperitoneal soft tissue mass is diagnostic of leiomyosarcoma. CT chest demonstrates no evidence of lung metastasis. Patient is taken to surgery for resection of mass. Pathology from the surgical resection of the retroperitoneal mass shows a FNCLCC grade 2 leiomyosarcoma with negative margins. No tumor size given on pathology report.

Clinical stage – cT2b cN0 cM0 Grade unknown - Stage Group 1B

Rationale – Radiographic tumor size 17cm (>5cm) and deep tumor per additional rules for classification describing depth of tumor (cT2b); no radiographic evidence of regional LNS (cN0); no radiographic evidence of lung metastasis (cM0); no tumor grade given (GX)

Pathologic stage – pT2b pN blank cM0 Grade 2 - Stage Group 2B

Rationale – Resection of primary tumor but no size given – use radiographic size of tumor to assign pT (pT2b); no regional lymph nodes removed – leave blank per Donna Gress instruction in Cancer Forum (pN blank); no clinical evidence of distant metastasis (cM0); FNCLCC grade 2(G2)

Now available online!

Rocky Mountain Cancer Data System Manual

WebPlus Training Manual

https://www.ok.gov/health/Wellness/Chronic_Disease_Service/Cancer/Oklahoma_Central_Cancer_Registry/OCCR_Manuals/index.html

Oklahoma Central Cancer Registry

Center for Health Statistics
Oklahoma State
Department of Health
1000 NE 10th St
Oklahoma City, OK 73117

Phone: 405-271-6225

Fax: 405-271-6315

Website:

<http://occr.health.ok.gov>

Webinar Series Starting in October

By *Leslie Dill*

The OCCR has purchased the 2017-2018 Cancer Registry & Surveillance Webinar Series from NAACCR. The new series begins in October and will be available FREE to all Oklahoma registrars in two convenient locations, Tulsa and Oklahoma City. Seating is limited and hosting facilities will vary from month to month, so registration is required. To register, email SusanN@health.ok.gov.

10/5/2017	Collecting Cancer Data: Prostate
11/2/2017	Collecting Cancer Data: Larynx
12/7/2017	Collecting Cancer Data: Uterus
1/11/2018	Collecting Cancer Data: GIST and Soft Tissue Sarcomas
2/1/2018	Collecting Cancer Data: Stomach and Esophagus
3/1/2018	Abstracting and Coding Boot Camp
4/5/2018	Collecting Cancer Data: Pancreas
5/3/2018	Directly Coded Stage
6/7/2018	Collecting Cancer Data: Thyroid and Adrenal Gland
7/12/2018	Hospital Cancer Registry Operations-Topic TBD
8/2/2018	Multiple Primary and Histology Rules
9/6/2018	Coding Pitfalls

Contact Us

(405)271-9444

Raffaella Espinoza, MPH, Ext. 57103

Christina Panicker, MBA, CTR, Ext. 57108

Christy Dabbs, AA, CTR, Ext. 57121

Jessica Freeman, Ext. 55720

Judy Hanna, HT(ASCP), CTR, Ext. 57148

Kaela Howell, RHIA, Ext. 57138

Leslie Dill, Ext. 57120

Marva Dement, BBA, BS, CTR, Ext. 57119

Susan Nagelhout, CTR, Ext 57006



Funding is provided by the Centers for Disease Control and Prevention (CDC) and the National Program of Cancer Registries, grant #1 NU58DP006285-01-00, Center for Health Statistics, Oklahoma State Department of Health (OSDH).

The Oklahoma State Department of Health (OSDH) is an equal opportunity employer and provider. This publication, issued by the OSDH, was authorized by Terry L. Cline, PhD, Commissioner of Health, Secretary of Health and Human Services. A Digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Copies have not been printed but are available for download at www.health.ok.gov. September 2017

