

OCCR NewsFlash

GREAT TURNOUT FOR AMERICAN JOINT COMMITTEE ON CANCER TNM STAGING TRAINING IN MAY

By Jessica Freeman

Many Oklahoma registrars recently took part in the TNM and Summary Stage training on May 2nd - 3rd featuring Denise Harrison, BS, CTR with A. Fritz and Associates, LLC. The training event was hosted by the Oklahoma Central Cancer Registry (OCCR) and included sponsorship from the Oklahoma Hospital Association (OHA) and the Oklahoma Cancer Registrars Association (OCRA). Denise was an incredibly charismatic presenter and delivered comprehensive training on numerous primary sites. Information was relayed in a manner that was applicable to all registrars, whether new to the field or seasoned registrars. Thank you to all who joined us!

Inside this issue

- OCCR Transition.....2
- OK2EXPLORE.....2
- Coding Pitfalls.....3
- New Oklahoma CTR.....3
- NCRA Conference Highlights.....4
- Baby Eleanor.....5
- OCCR Advisory Committee Member Spotlight.....5
- U.S. Cancer Statistics Available...6
- Histology Coding Clarifications....6
- OCCR Data Flow.....7
- RMCDs Corner.....8-10
- Facility Spotlight.....10
- Cancer Reporting.....11
- Upcoming Webinars.....11
- Staff Listing.....12



OKLAHOMA CENTRAL CANCER REGISTRY TRANSITIONS TO THE CENTER FOR HEALTH STATISTICS

By Amber Sheikh, BDS, MPH

The program administration and management for the OCCR migrated to the Center for Health Statistics (CHS), Data Acquisition and Quality Assurance effective May 1st, 2017. The CHS is the data hub within the Oklahoma State Department of Health (OSDH). It provides data support services to several divisions within the OSDH through multiple CHS surveillance systems. The Director for the CHS is Derek Pate, DrPH and the Administrative Program Manager for Data Acquisition and Quality Assurance, is myself, Amber Sheikh, MPH. This move mirrors the direction other states have taken with central cancer registries and most importantly provides the OCCR with additional data and analytics support.

Additional benefits for OCCR:

- Technical expertise overlap with other CHS staff
- CHS has a strong working relationship with IT service
- Quality assurance and reporting compliance are activities conducted by both the registry and systems in CHS
- CHS is the data quality group for Immunization registry (OSIIS) and meaningful use messages
- Streamline data release and/or access by researchers

OK2EXPLORE NOW AVAILABLE

By Kaela Howell, RHIA

Oklahoma State Vital Records has released a new resource to the public for reviewing limited information on deaths and births in the state. Records are limited to births occurring more than 20 years ago and deaths of more than five years ago. The earliest records date back to 1908 however most birth records in Oklahoma were not filed in a timely manner until 1950, due to the Social Security Act. Errors within records are possible due to family not entering correct information, doctor/funeral director errors, and difficulty in reading handwriting. In an effort to rectify these errors and maintain the most accurate database possible, files are updated monthly with new records and corrections.

The site is a free index, searchable by using combinations of the individual's name, date of event, county of event and gender. Results include the same information as listed for search. It is suggested to avoid using vague search criteria because searches with more than 15 results will result in an error. For example, a search for, ' John Smith' will need further information to narrow the results. Only exact matches will be returned but a wildcard search can be done by placing an asterisk in any field in which the information is not certain. This action will cause the index to include records that are similar to the searched info. If an exact date of event is not known, there is the option of including a variance range with a limit of five years from the date that the event is suspected.

Further search tips and information can be found on the OK2EXPLORE website listed below.

<https://ok2explore.health.ok.gov/>

CODING PITFALLS

By Susan Nagelhout, CTR

1. Data Item *Grade/Differentiation*, North American Association of Central Cancer Registries (NAACCR) Data Item #440

Do not code International Federation of Gynecology and Obstetrics (FIGO) grade or World Health Organization (WHO) grade in the data item *Grade/Differentiation* (NAACCR data item #440). While the **2014 Instructions for Coding Grade** allow for the use of Special Grade Systems to be recorded for some sites/histologies, FIGO grade and WHO grade are not included. When abstracting a gynecologic primary site case and the only grade you have is a FIGO grade, you will record the grade/differentiation as unknown (code 9). Similarly, if you are abstracting a central nervous system/intracranial primary site case and the only grade you have is a WHO grade, you will record the grade/differentiation as unknown (code 9). Detailed instructions for recording grade/differentiation can be found here: <https://seer.cancer.gov/tools/grade/grade-2014-coding-instructions.pdf>



2. Papillary serous carcinoma

Papillary serous carcinoma of a gynecology malignancy is coded 8460/3. Do not code this histology as mixed cell adenocarcinoma (8323/3). Papillary serous carcinoma has its own histology code and is not considered a “mixed” histology. (In the ICD-O-3 coding manual, see Adenocarcinoma → Papillary → Serous).

NEW OKLAHOMA CERTIFIED TUMOR REGISTRAR

By Christina Panicker, MBA, CTR

Travis Wickliffe is one of the first in the Cherokee Nation to obtain the Certified Tumor Registrar (CTR) certification. He was born and raised in the northeastern region of Oklahoma in Kenwood, a rural city with a population of less than 1000 residents. Travis received his Bachelors in Biology with a Cellular emphasis at Northeastern State University. He also has a Masters of Science in Health and Kinesiology. Travis has worked for Cherokee Nation W.W. Hastings Hospital for a year and a half.

Travis states that if he could give any advice to those sitting for the CTR exam, it would be to study at least one hour every day and to read the *Cancer Registry Management and Principles* book. The resources provided through the National Cancer Registrars Association (NCRA) such as the webinars and practice exams are also invaluable. The practice exams have a similar setup to the actual test and provide the feedback necessary for areas needing improvement. Finally, he mentions that SEER educate is a useful tool for coding exercises.

Currently, Travis resides in Tahlequah where he spends time with his family which includes his two-year-old son Ryder and their beagle, Houston.

The OCCR congratulates Travis on his achievement!



HIGHLIGHTS OF THE 43RD ANNUAL NATIONAL CANCER REGISTRARS ASSOCIATION EDUCATIONAL CONFERENCE

By Susan Nagelhout, CTR

The topic on the minds of most cancer registrars is the 8th Edition of the AJCC Cancer Staging Manual. The National Cancer Registrars Association (NCRA) dedicated Day two of the annual conference to discussion of the 8th Edition.

Donna Gress, RHIT, CTR led off the day with highlights of Chapter 1. She explained that the format will be more user-friendly, that rules will be repeated in each site-specific chapter so that each staging classification has complete information, and that examples and exceptions will be provided. Throughout Chapter 1 are specific instructions for cancer registrars.

Frederick Greene, MD, FACS of the Levine Cancer Institute in Charlotte, North Carolina followed with a presentation on the 8th Edition implications for cancer registrars. He reviewed changes to the breast, lung and head and neck chapters. One change noted for breast cancer is that test results for Estrogen Receptor (ER), Progesterone Receptor (PR) and Human Epidermal Growth Factor Receptor-2 (HER2) will be required to assign a stage group.

Next on the agenda was Michelle D. Williams, MD from The University of Texas MD Anderson Cancer Center. Dr. Williams had two presentations – Staging Thyroid Cancers and Staging Head and Neck Cancers. One important change for differentiated thyroid cancer is that age for which low risk thyroid cancer (Stage I and II) is viewed has changed from 45 years to 55 years. Dr. Williams discussed the head and neck registry collection variables which include histology, extranodal extension, perineural invasion, lymphovascular invasion, depth of invasion, margin status and distance to closest margin.

Jeffrey E. Gershenwald, MD, FACS from The University of Texas MD Anderson Cancer Center presented on the topic of staging melanoma cancer. He revealed that the T1 category will be sub-categorized by tumor thickness strata at 0.8 mm threshold instead of 1.0 mm. Also, tumors will be recorded to the nearest 0.1 mm instead of 0.01 mm.

Staging of soft tissue sarcoma was the next topic of discussion, presented by Alexander Lazar, MD, PhD from The University of Texas MD Anderson Cancer Center. He highlighted some of the changes from the 7th edition and those include the following: 1) gastrointestinal stromal tumors (GIST) will be covered in a separate chapter, 2) angiosarcoma, extraskeletal Ewing's, and dermatofibrosarcoma protuberans (DFSP) have all been added to the sarcoma chapter, and the N1 classification has been reclassified as Stage III rather than Stage IV.

The last presentation of the day was revisions and updates for breast cancer staging and it was presented by Robert K. Brookland, MD from Greater Baltimore Medical Center. Dr. Brookland noted that with the 8th edition, lobular carcinoma in situ (LCIS) is considered benign and has been eliminated from the staging schema. Otherwise, T1-4 definitions are unchanged from the 7th edition. As mentioned previously, alternative prognostic factor-based stage groupings are used when tumor hormone receptor status, HER2 status, and combined histologic grade are known.

BABY ELEANOR IS FINALLY HERE!

By Leslie Dill

While the rest of the world was busy watching live camera feed for a mother giraffe to give birth, OCCR has been anxiously awaiting a delivery of our own. On May 17, 2017, Consultant Jessica Freeman became a grandmother when her oldest daughter, Kayla Denning, and Chris Tall Bear welcomed their daughter into the world.

Miss Eleanor Mo’Gieh Tall Bear weighed 7 lbs. 5 oz. and was 20.25” long. (“Mo’Gieh” is Cheyenne for ‘Little Woman.’)

OCCR congratulates Mom, Dad and Grandma (or “GLAM-MA,” as we call her) on this precious blessing!



OKLAHOMA CENTRAL CANCER REGISTRY 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, Dr. William C. Dooley, MD, FACS.

Dr. Dooley joined the OU faculty in 2001 when he was recruited from the Johns Hopkins Medicine faculty to take a new endowed chair in surgical oncology. He received his MD at Vanderbilt and completed surgical training at The Johns Hopkins Hospital. He did his surgical oncology training at Oxford University and at Johns Hopkins before joining the Hopkins faculty. While on the faculty at Hopkins in Surgery and Oncology, he was part of a small team which developed the first paperless electronic record. His contributions to the EMR were honored by an award from the Smithsonian Museum in 1997 "for its profound, and demonstrable impact on society."

He developed and directed the Johns Hopkins Breast Center which became an award winning model for cancer care. The treatment algorithms developed there became the basis of the modern NCCN guidelines for cancer care. Upon arrival in Oklahoma he worked to transform the outreach and breast cancer treatment of under-served and



Dr. William C. Dooley

disparity populations and transformed the OU Breast Institute into the first NAPBC certified breast center in Oklahoma. NAPBC accreditation surveyors have cited the OUBI as a model for academic breast cancer centers and praised the innovative and extensive involvement in the latest clinical trials which bring the newest treatments to our local patients.

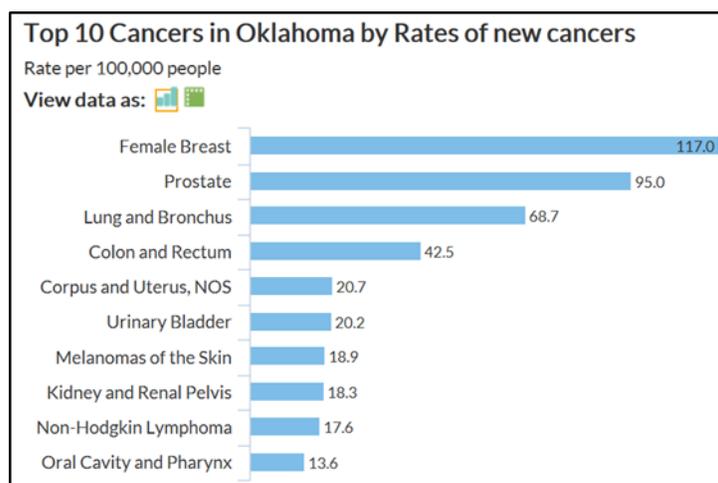
His involvement in setting higher standards for cancer care have led to national and international recognitions. He serves on the Commission on Cancer which sets and monitors national quality standards for cancer care. Within the local community he volunteers with many community service organizations to provide health care outreach to disparity populations and to provide disaster relief. He is active in the mission and ministry of First Baptist Church Oklahoma City.

U.S. CANCER STATISTICS: DATA VISUALIZATION NOW AVAILABLE

By Raffaella Espinoza, MPH

The Centers for Disease Control and Prevention (CDC) recently released an interactive U.S. Cancer Statistics website, *U.S. Cancer Statistics: Data Visualization*, now available to the public. This new tool displays the latest official cancer data by cancer type, state, demographics, and diagnosis year. Currently the diagnosis time frame that is included within the website is from 1999 through to 2013, and will be updated annually.

The website includes six different tabs: Overview; U.S. Cancer Demographics; Cancer Trends; State Cancer Overview; State Data and Ranking; and More Information. The CDC collaborated with the National Cancer Institute pulling together high-quality complete data in order to capture information of every cancer in the U.S. It is strongly encouraged for cancer care and prevention professionals, planners, advocates, journalists and policymakers to access this great resource, and use the suggested citation. Below is the listed top ten cancers in Oklahoma by rates of new cancer diagnosed in 2013¹.



1. U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2013 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2016

HISTOLOGY CODING CLARIFICATIONS

By Susan Nagelhout, CTR

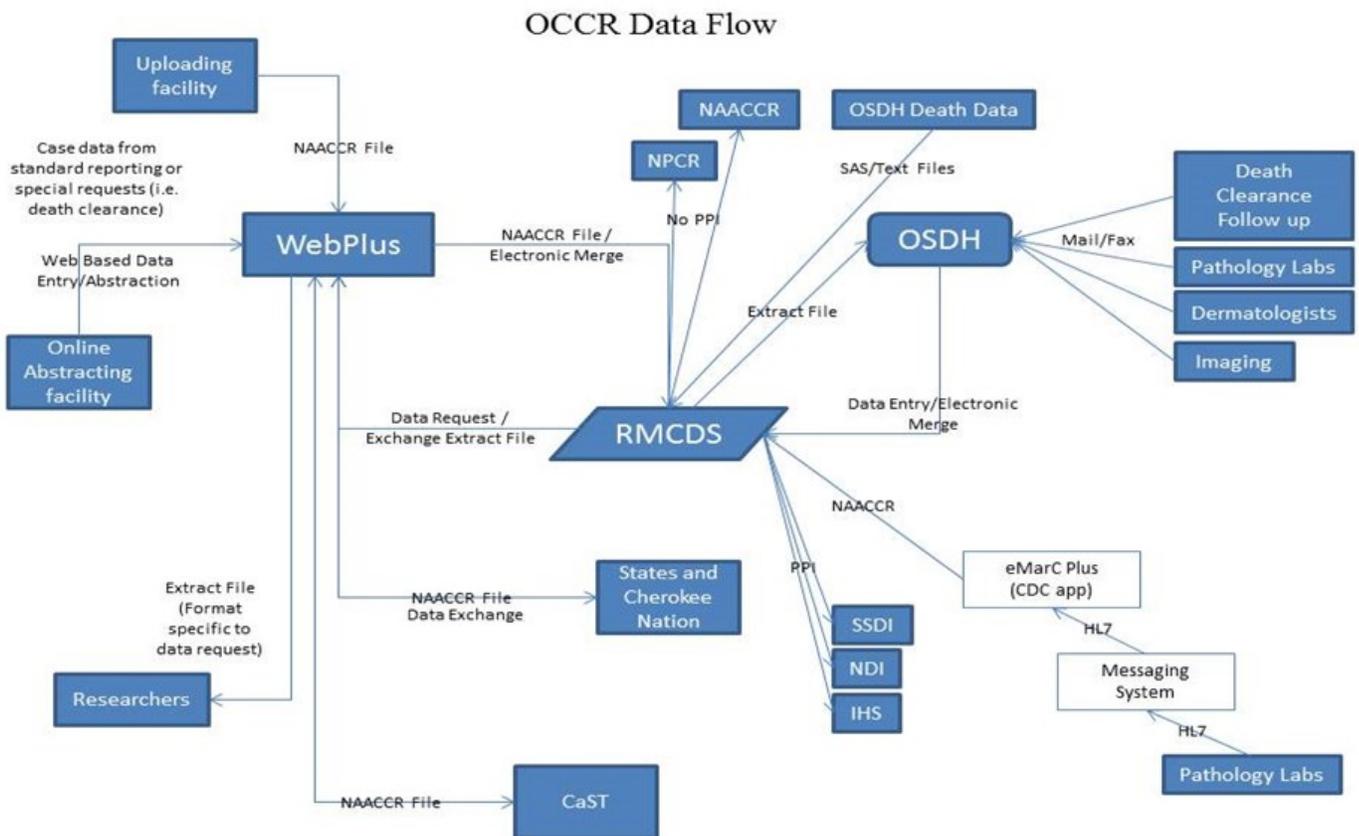
Effective for Cases Diagnosed January 1, 2017 and Forward

Primary Site	Descriptor	Use Histology/Behavior Code
Thyroid C73.9	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)	8343/2
Thyroid C73.9	Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC)	8343/2
Thyroid C73.9	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC) Encapsulated follicular variant of papillary thyroid carcinoma, NOS (EFVPTC, NOS) Synonym: Papillary carcinoma, encapsulated	8343/3

OKLAHOMA CENTRAL CANCER REGISTRY DATA FLOW

By Judy Hanna, HT (ASCP), CTR

Receiving good quality data within a given timeframe is the lifeline of a successful cancer reporting program. OCCR continually receives cancer data files in a multitude of formats and types of facilities on a daily basis. In order to accurately process the data files coming from different reporting facilities and in different formats, OCCR has created a data flow to ensure the information is processed through the proper channels. To help facilities have a better understanding of what happens to the data files submitted to the central cancer registry, OCCR developed a diagram of the data flow (see below). We would like to thank all of the reporting facilities and applaud the efforts for continually reporting quality data to the Oklahoma Central Cancer Registry.



Acronym Glossary:

- CaST= Cancer Screening and Tracking
- eMarC= Electronic Mapping, Reporting, and Coding
- IHS=Indian Health Services
- NAACCR=North American Association of Central Cancer Registries
- NDI=National Death Index
- NPCR=National Program of Cancer Registries
- SAS=Statistical Analysis System
- SSDI=Social Security Death Index

ROCKY MOUNTAIN CANCER DATA SYSTEM CORNER

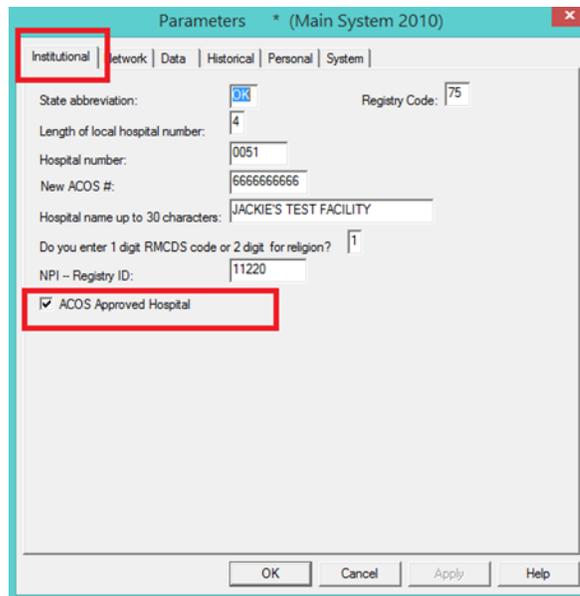
By Christy Dabbs, AA, CTR

Rocky Mountain Cancer Data Systems (RMCDs) Software Updates effective Wednesday, May 10, 2017

RMCDs has updated site specific factors to pre-populate 988's into non-required and discontinued SSF's. To apply the update you must run the FTP Automatic update. There are some differences between ACoS required SSF's and NPCR required SSF's. By default, all hospitals will be designated as ACoS until changed under their parameters. RMCDs decided that ACoS SSF's will only populate 988's into the historically non-required and the discontinued fields. *Note: In the instance of breast, SSF 16 is not required for ACoS but is for NPCR. RMCDs will not pre-populate SSF 16 for ACoS approved facilities.

The default edits for hospitals are the CoC Edits. The OCCR allows our non-ACoS approved facilities to use the Central: Incoming Abs edits (state16.gei).

If you are *not* an ACoS approved facility, you will go from your main menu to the Utilities Tab and Select -> Parameters. From here, you can uncheck "ACoS Approved Hospital" box on the Institutional Tab. This is a new field with this update.



FTP Automatic Update

It is recommended that RMCDs users run the FTP automatic update on a monthly basis to stay current. Updates are free and available 24 hours a day. Instructions on running the automatic update are located in the RMCDs training manual beginning on page 77. Please be aware that many facilities have firewalls set up to prevent access to certain sites on the internet. You may need to contact your IT department to allow access to the update FTP site for RMCDs. Details are provided for you in the manual.



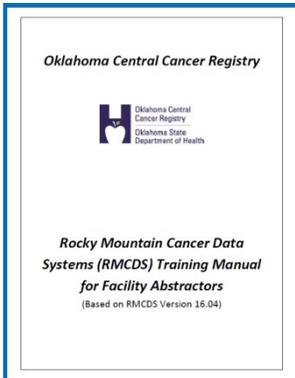
RMCDs will always display the last date that an update was performed. This is located on the main screen and listed as 'Version Date.' You should make note of this date prior to updating. After the update completes, the date should have automatically changed to the current date. If the date did not change, then the revision was not successful and must be run again.



ROCKY MOUNTAIN CANCER DATA SYSTEM CORNER, *CONTINUED*

FROM PREVIOUS PAGE

RMCDs Training Manual Updated



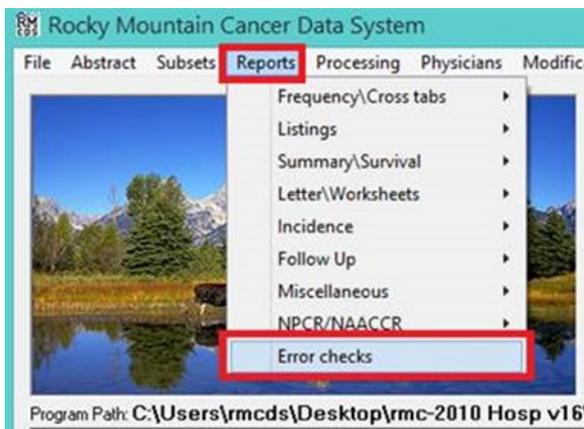
The OCCR has updated the Rocky Mountain Cancer Data System Training Manual for Facility Abstractors based on RMCDs version 16.04. Printed manuals were distributed to RMCDs users at the recent AJCC TNM 7th Edition and SEER Summary Stage 2000 Training. If you were unable to attend and would like an electronic version of the manual, please contact Christy Dabbs at christyd@health.ok.gov

Look for the manual to be posted on the OCCR website in the near future.

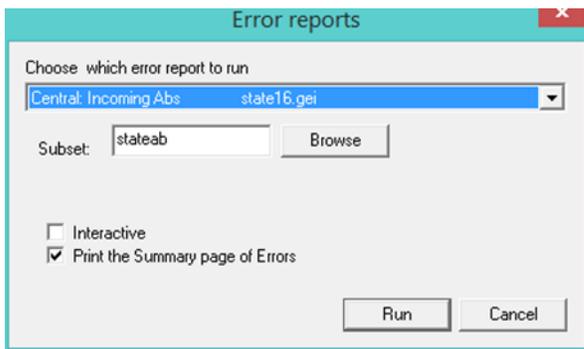
Error Check your State Backup File

As you know, the OCCR requires all state submissions to be error free. RMCDs offers the ability to error check your state backup file prior to uploading it to Web Plus. Error checking your file using RMCDs will confirm it is error free prior to uploading it to Web Plus.

1. Run your state backup
2. To run the EDITS report go to the Reports menu and select 'Error Checks'



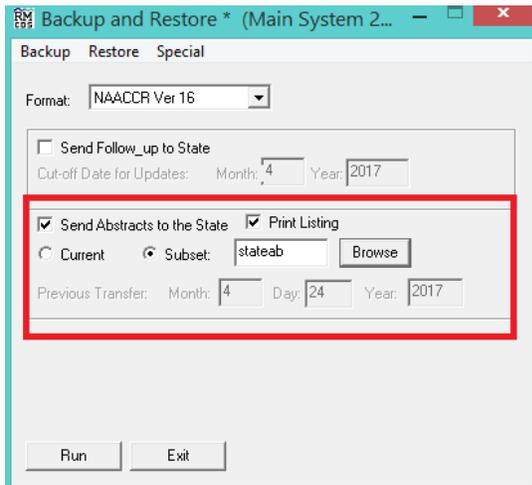
3. Choose which error report to run: Select 'Central Incoming Abs state 16.gei'



ROCKY MOUNTAIN CANCER DATA SYSTEM CORNER, *CONTINUED* FROM PREVIOUS PAGE

4. Browse to select your subset 'stateab.sel'
5. Select 'Interactive' if you want to go through each abstract and correct the highlighted errors, or select 'Print the summary page of errors' if you want a list.
6. Once you pass edits, go back into the backup and restore option to create an updated NAACCR file to submit.
Utilities -> Backup and Restore -> Backup -> State

This time you will highlight the subset radial and browse for the stateab subset.



7. Click Run
 - A. This will re-create the NAACCR file for you to submit. It will be stored in two places.
 - i. In the ...\\pfiles\\naaccr.p.
 - ii. It is also stored in the transfer folder as the three digit facility number – ABS.

FACILITY SPOTLIGHT ON JANE PHILLIPS MEDICAL CENTER

By Leslie Dill

Our Facility Spotlight this quarter shines on the northeastern part of the state. Bartlesville, OK, (population 35,750) is home to Jane Phillips Medical Center (JPMC) and cancer registrar Sarah Smith. JPMC is a 140-bed facility that offers a full range of services including: Cancer Care, Cardiology Center, Emergency Care, Imaging, Laboratory Department, Pastoral Care Services, Pharmacy Department, Respiratory Care Department, Sleep Lab, Surgical Services, Urgent Care and Wound Care. They have two medical oncologists—Chris Manus, M.D. and Melinda Dunlap, M.D. and one radiation oncologist—Alex Mirakian, M.D.



Sarah Smith has been the solo cancer registrar for JPMC since 2009. Last year she reported 372 cases. Having worked in the health care industry for a total of 14 years, her previous experience has included working as a switchboard operator and as a pharmacy technician. She earned her Associate of Science degree in Medical Billing and Coding in 2009 and her CTR certification in 2012.

In her spare time, Sarah enjoys spending time with friends and family. She loves to travel, especially to the national parks, and also enjoys biking, hiking, kayaking and reading.

OCCR applauds Jane Phillips Medical Center's cancer registry of one and appreciates the fine work Sarah does!

CANCER REPORTING

By Susan Nagelhout, CTR

Each year, the OCCR provides facilities with a submission schedule, detailing when cancer cases are to be reported. This schedule corresponds to the Oklahoma Statute which states that all cancer cases must be submitted to OCCR within 180 days of diagnosis.

This 180-day schedule allows OCCR time to consolidate cases from multiple reporting sources, eliminate duplicate cases and clear edits in preparation for data submission to NPCR/NAACCR. Timely reporting ensures that **all** Oklahoma cancer cases are included in state and national incidence counts.

Another important directive included in the Oklahoma Statute is that all information regarding diagnosis and treatment provided by facilities be included in the cancer abstract. Complete and accurate data is essential for estimating variations in and changes among population subgroups over time. Every five years, NPCR performs a Data Quality Evaluation (DQE) of OCCR data. The DQE is based on the existence of appropriate policies and procedures for the following: 1) assessment of data quality, 2) text documentation, 3) data consolidation, and 4) completeness of treatment information. NPCR provides OCCR with scores for data accuracy and completeness.

To ensure timely reporting and the highest data quality, please use the following instructions for reporting:

- REPORT all cancer cases within 180 days of diagnosis, even if all treatment at your facility has not been completed. Report as much treatment information as possible and include any planned or incomplete treatment in the text.
- DO NOT report a cancer case before the 180-day deadline if all treatment at your facility has not started and has not been recorded in the abstract.
- DO NOT hold submission of a case to record information on treatment performed at an outside facility.
- For Class of Case 32 ONLY, report the case within 180 days of first contact for treatment at your facility.

We appreciate your hard work and dedication to ensure the success of the OCCR. Please contact SusanN@health.ok.gov or your facility consultant with any questions or concerns.

UPCOMING WEBINARS

There are only four webinars left in the 2016-2017 NAACCR Webinar Series. Although they are free to all Oklahoma cancer reporters, registration is required to attend. Please contact Susan Nagelhout at SusanN@health.ok.gov or 405-271-9444, ext. 57006 to register.

6/01/17	Collecting Cancer Data: Liver and Bile Ducts
7/13/17	Hospital Cancer Registry Options—Topic TBD
8/03/17	Collecting Cancer Data: Central Nervous System
9/07/17	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



Oklahoma Central Cancer Registry

Center for Health Statistics
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299

Phone: 405-271-4072

Fax: 405-271-6315

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



Funding is provided by the Centers for Disease Control and Prevention (CDC) and the National Program of Cancer Registries, grant #U58/DP000083405, 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. June 2017

