

OCCR NEWSFLASH

PAULA MARSHALL RETIRING

By Leslie Dill

OCCR is both happy and sad to announce the retirement of our beloved and greatly appreciated co-worker, Paula Marshall, after 25 years working for the State of Oklahoma.

Paula's journey began working in the Comanche County District Attorney's office in Lawton. During her seven years there as a victim witness coordinator, Paula graduated from Cameron University. She was hired in 1998 as a consultant for the Oklahoma State Department of Health/Oklahoma Central Cancer Registry (OCCR) and received her Certified Tumor Registrar (CTR) credential in 2003. In 2006, Paula was promoted to OCCR Data Manager. Her responsibilities, to name just a few, have included maintaining the flow of internal and external data for OCCR, system administrator for RMCDS and Web Plus, providing technical support and troubleshooting, and assisting with the preparation and submission of the annual Call for Data to NAACCR and NPCR.

In addition to OCCR, Paula has worked with cancer registrars for years through her membership with the Oklahoma Cancer Registrars Association (OCRA). A member since 2002, Paula has held offices the offices of President twice, Vice-President, President-Elect twice, Historian twice, Nominating Chair, Education Chair and By-Laws Chair. She has also been on the RMCDS Executive Board since 2010.

June 1st will find Paula with a totally different list of "to-dos." Her future plans include spending time with her husband, 7 children, 9 grandchildren, and her parents. She also has plans for gardening, sewing, working jigsaw puzzles, travelling, learning to knit and supporting her OSU Cowboys.

OCCR is happy for Paula and congratulates her on this momentous career achievement! A constant source of entertainment to our workdays, she will certainly be missed!



***Retirement - A time to look back with admiration
and a time to look forward with anticipation.***

GOODBYE : A MESSAGE FROM PAULA

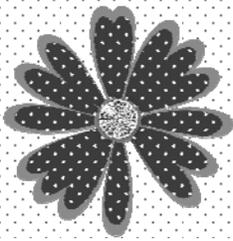
I wanted to take a moment to say farewell and let you know how much I've enjoyed working with all of you. I have enjoyed my 18 years in the cancer registry field and I appreciate having had this wonderful opportunity. It's been great interacting and getting to know each and every one of you along the way. I thank you for your friendship and wish many blessings to all.

Stay healthy and happy,

Paula Marshall

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NEW OCCR POINT OF CONTACT

Please be aware of changes in the Point of Contact (POC) for RMCDS and Web Plus.

POC for RMCDS:

Jessica Taylor

JessicaT@health.ok.gov

405-271-9444 x 55720

POC for Web Plus:

Judy Hanna

JudyH@health.ok.gov

405-271-9444 x 57148

UPDATES FROM 2016 NCRA CONFERENCE

By Susan Nagelhout, CTR

Attending the National Cancer Registrars Association's Annual Conference is always an informative and enlightening experience. This year's conference was no different. The highlight of the conference was the session titled "Update on the *AJCC Cancer Staging Manual, Eighth Edition*" presented by Mahul B. Amin, MD, FACS, FCAP. During the presentation, Dr. Amin made the following announcement:

The *AJCC Cancer Staging Manual, Eighth Edition* is dedicated to all **CANCER REGISTRARS** in recognition of their:

- Education and unique commitment to the recoding and maintenance of data that are so vital for the care of cancer patients
- Professionalism in the collection of factors that are fundamental to sustaining local, state and national cancer registries
- Dedication to the cataloging of information crucial to cancer research
- Leadership, support and promulgation of the principles of cancer staging
- AND THEIR POSITIVE IMPACT ON CANCER PATIENT OUTCOMES

As you can imagine, the room was electrified with this announcement. It was a proud moment to be a cancer registrar and I am thankful I was a participant.

Dr. Amin detailed some of the changes to the Eighth Edition of the manual, including an expanded Chapter 1 with new rules, imaging section for each chapter (structured reporting being promoted), non-anatomic prognostic factors incorporated for all disease sites, if applicable, and each chapter will include recommendations for clinical trial stratification. In addition, AJCC will continue to provide education for cancer registrars on their website.

The plan is to publish the *AJCC Cancer Staging Manual, Eighth Edition* on October 31, 2016. It will be effective for cancer diagnosed January 1, 2017 and after.

Donna Gress from AJCC gave a presentation titled *Timing is the Key to AJCC TNM Staging*. In this session, Donna defined staging classifications as points in time of a patient's care. Point in time for clinical classification starts at diagnosis and includes all information necessary to establish the tumor burden and formulate a treatment plan. Point in time for pathologic classification includes all information from diagnosis through surgery, but also includes pathology findings and imaging following and based on surgical findings.

Dr. Amin and Donna's presentations are currently on the AJCC website and can be downloaded for review.

At the SEER Workshop, the NCI SEER data quality team gave an update on tools for cancer registrars. One of the topics was the 2017 Solid Tumor Database.

Plans for the new solid tumor database include:

- Text format only
- General instructions expanded
- Histology trees will be replaced with tables
- More notes and examples
- Incorporate new terms, synonyms, and histologies into existing rules
- Searchable by site category
- Includes benign, malignant, reportable and non-reportable histologies

The database will also include information similar to the Hematopoietic and Lymphoid Neoplasm Database:

- Name, alternate name and ICD-O-3 code
- Primary site, if applicable
- Reportable status by year
- Genetics data and biomarkers
- Treatment
- Abstractor notes
- Diagnostic exams
- Recurrence and mets information

A release date for the 2017 Solid Tumor Database has not been set.

CONVERSION AND COLLECTION OF 2016 CASES

By Paula Marshall, BBA, CTR

Another conversion is on the horizon! The most significant changes are related to the direct coding of AJCC TNM values and SEER Summary Stage. All cases diagnosed on or after January 1, 2016, must be reported in NAACCR version 16 which is estimated to be released late May/early June.

The OCCR realizes that some facilities have already started abstracting 2016 cases; however, we will not accept any 2016 diagnosed cases until the OCCR database has been converted. We anticipate performing the conversion late June/early July. Please be aware that delays in the communication of this information to software vendors may result in a delay in receiving and/or incorporating 2016 cases.

To eliminate a backlog of cases we suggest that you continue to abstract entering as much information as possible without coding the AJCC TNM values and SEER Summary Stage. When abstracting these cases be sure to clearly document the appropriate T, N, and M categories in text to save time entering codes in the NAACCR 16.0 compliant software version. These cases need to be flagged as "Suspense" to be completed after your software has been converted.

COMING SOON! NEW ONLINE WEB PLUS TRAINING & RMCDS MANUALS

By Kaela Howell, RHIA

To better educate and train cancer registrars, the Oklahoma Central Cancer Registry has been hard at work creating new training materials for both RMCDS and Web Plus users. Here's some insight on what we've been working on and what will be available in the near future.

An OCCR Web Plus Manual has already been completed and sent to Web Plus facilities. The manual covers 3 general topics; core instructions, a Web Plus training narrative case walkthrough and the most current CDC Web Plus Training Manual for facility abstractors. If you would like an electronic copy of this manual, please contact your

facility consultant. The next step in the works for OCCR is to use this manual to produce an online training module. This module will contain narrated slides to walk new registrars through abstracting a case. Once this PowerPoint training has been completed, an online dummy case and Web Plus test abstract will be available. This will help new registrars to gain confidence and test their skills before diving into abstracting real cases.

On the topic of RMCDS, OCCR is currently working on a training manual. This manual will have 3 sections; Core instructions for reporting facilities, an RMCDS training narrative which will give step by step instructions for abstracting each field, and basic RMCDS software

instructions. To accommodate the major changes from version 15 to 16, there will be two separate manuals. Version 15 will be available on the OCCR website for facility download. Version 16 will be available as a spiral bound hardcopy and online for download.

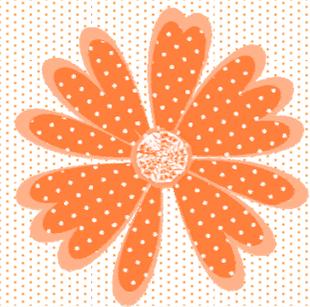
DID YOU KNOW?

By Susan Nagelhout, CTR

A recording of each NAACCR webinar is available for viewing one week after the live webinar. This benefit is offered to all Oklahoma cancer reporters. CEU's are also available if you view the recording and take the CE quiz. Contact Susan Nagelhout, Education Specialist at the Oklahoma Central Cancer Registry, for more details. Susan can be reached at SusanN@health.ok.gov or 405-271-9444 extension 57006.

WELCOME,
ANAMARIA!

OCCR is thrilled to announce the arrival of Miss Anamaria Hudson Sivori! This sweet little angel was born April 26, weighing in at 7 lbs. and 19 in. long. The proud parents are our very own Cancer Surveillance Coordinator, Raffaella Espinoza, and husband, Omar Sivori. OCCR sends best wishes and congratulations to Raffaella, Omar and Matteo on their newest addition to the family!



CONDITIONS REPORTABLE TO THE OKLAHOMA CENTRAL CANCER REGISTRY

REPORTABLE CONDITIONS as of 1/1/2016

Malignancies with an ICD-O-3 behavior code of 2 (in-situ) or 3 (malignant) are reportable for all sites with the following **exceptions**:

- Juvenile astrocytoma, listed as 9421/1 in ICD-O-3, **is reportable**. (Assign code 9421/3).
- Code 8240/1 for carcinoid tumor, NOS of appendix is obsolete. Carcinoid tumors of the appendix (C18.1) **must be coded** to 8240/3 effective with cases diagnosed 1/1/2015 and after.
- Malignant primary skin cancers (C44._) with histology codes 8000-8110 **are not reportable**. (Examples: squamous cell carcinoma (8070) and basal cell carcinoma (8090) of skin are not reportable).
- Carcinoma in situ of the cervix (CIS), cervical intraepithelial neoplasia grade III (CIN III), and prostatic intraepithelial neoplasia (PIN III) **are not reportable**.
- Vulvar intraepithelial neoplasia (VIN III), vaginal intraepithelial neoplasia (VAIN III), anal intraepithelial neoplasia (AIN III), laryngeal intraepithelial neoplasia (LIN III) and squamous intraepithelial neoplasia (SIN III) **are reportable**. (*These conditions are not reportable to the Commission on Cancer but are reportable to OCCR*).
- Mature teratoma of the testis in adults is malignant (assign 9080/3), but continues to be non-reportable in prepubescent children (9080/0). Report only if pubescence is explicitly stated in the medical record. **Do not report if there is no mention of pubescence in the medical record**.

Non-malignant primary intracranial and central nervous system tumors, diagnosed on or after 1/1/04 with an ICD-O-3 behavior code of 0 or 1 are reportable for the following sites:

- Meninges (C70._)
- Brain (C71._)
- Spinal cord, cranial nerves, and other parts of the central nervous system (C72._)
- Pituitary gland (C75.1)
- Craniopharyngeal duct (C75.2)
- Pineal gland (C75.3)

Gastrointestinal stromal tumors (GIST) and thymomas are reportable if they are noted to have multiple foci, metastasis, and positive lymph nodes.

AGING IMPACTS THERAPEUTIC RESPONSE OF MELANOMA CELLS

Submitted by
Christina Panicker, MBA, CTR

Written by the Wistar Institute
News

Cancer risk increases with one's age as accumulated damage to our cells and chronic inflammation occur over time. Now, an international team of scientists led by The Wistar Institute have shown that tumor cells in aged skin behave differently than tumor cells in younger skin, according to study results published in the journal *Nature*. Age-related changes in the microenvironment make tumor cells more metastatic and more resistant to treatment with targeted therapies. In light of these findings, the scientists demonstrated how antioxidants could serve as a better treatment strategy for older patients with melanoma. "It's fascinating to see that the microenvironment can have such a profound effect on both metastasis, and response to a therapy that is specifically targeted to a mutation in a gene. This tells us that no tumor is an island, and even therapies targeted against these driver mutations are affected by the way the tumor cell communicates with its microenvironment," said lead author Ashani Weeraratna, Ph.D., associate professor in the Tumor Microenvironment and Metastasis Program at Wistar.

<http://www.mdlinx.com/oncology/top-medical-news/article/2016/04/15/3>

FACILITY SPOTLIGHT: ST. MARY'S MEDICAL CENTER

By Marva Dement, BBA, BS, CTR

This quarter the OCCR staff would like to spotlight St. Mary's Regional Medical Center in Enid, Oklahoma. The registry at St. Mary's was established in 1991. St. Mary's is licensed for 229 beds and has an annual caseload of 206.

They have six medical oncologists: Jess Armor, MD, Abby Bova, MD, Francisco Dexeus, MD, James Reeves, MD, Craig Reitz, MD and Christopher Thompson, MD, and one radiation oncologist: Paul Erba, MD. Other staff members include: Case Managers – Jeanne Fielder, RN, Tara Haworth, RN, Cathlene Painter, RN, Jacque Nance, RN and Cynthia Bierig, RN; Chaplains – Richard Dunn, Stephen Samples and Richard Ventonis; Dietitians – Pam Baggett and Deirdre Postier; and Nurse Navigator – Sheri Sturgeon, RN.

Services offered at St. Mary's are Inpatient and Outpatient surgery, Endoscopy, women's imaging (digital mammography, ultrasound, bone density, ultrasound-guided and stereotactic needle biopsy, ultrasound core and fine needle aspiration); Radiology (CXR, CT, US, Bone Scan, PET); Laboratory, Pathology, Wound Care and Hyperbaric Medicine; Inpatient and Outpatient physical therapy and Inpatient Rehabilitation.

Cancer Registrar, April Foster, RHIA, CTR, graduated from Southwestern Oklahoma State University with a BS degree in Health Information Management in May 1992. She began her career at St. Mary's Regional Medical Center in May 1992 when she was hired as the Tumor Registrar. She passed the RHIA examination in October 1992 and then passed the CTR examination in September 1994. St. Mary's became accredited by the American College of Surgeons, Commission on Cancer as a Community Hospital in March 1994. They were accredited until 2008 at which time it was decided to no longer maintain it. She was promoted to Health Information Management Supervisor in September 2008. She reports all newly diagnosed cancer cases to OCCR for St. Mary's and is also a contract cancer reporter for the Surgery Center of Enid. She and her husband, Rich, have been married for 23 years and she has a 31 year-old stepson, Nick, who is a fireman with the Enid Fire Department. They have three dogs, Sheeba, Izzy and Biggie and two horses, Mystic and Twister. Outside of work, her passion is for running and his is for slalom skiing. Between the two they stay pretty busy.



CRITICAL VALUE OF TEXT DOCUMENTATION AND ITS EFFECT ON STATISTICS

By Jessica Taylor

Text information is used to justify coded values and is vital for quality assurance of data. When the OCCR receives more than one abstract on a patient, the case must be consolidated. Consolidation consists of reviewing and comparing all incoming abstracts on one patient. If there is a discrepancy in coded values within the abstracts, the text fields are reviewed in order to determine the correct coded value. If there is no text documentation and a conclusion cannot be made as to what the correct value should be, follow back to the facility will be necessary. As you can see, without complete and accurate text documentation, the consolidation process can be very time consuming.

Not only is text information vital for consolidation, it is also necessary to ensure accurate national statistics. In July of 2015, the North Carolina Central Cancer Registry (NCCCR) conducted an internal database quality audit to review the accuracy of the sex field coded to male for breast primaries. A manual review of 1,550 breast cases with the sex coded to male (2003-2014) was performed which consisted of reviewing text within the abstract. After review, it was determined that some of the cases originally coded as "male" were in fact "female". Review of the SSDI website, use of voter's registration website, and review of first and middle names was performed. If the case was questionably female, but there was no supporting documentation, the case was left coded to male. After manual review of all of the cases, it was found that 600 of the cases were incorrectly coded to male. Meaning 38% of the male breast cases were misrepresented!

The importance of complete and accurate text documentation cannot be overstated. The OCCR has recommended text for each required text field. Please review the Web Plus or RMCDS manual for examples of accurate and complete text field documentation. If you do not have one of these manuals, please contact your facility consultant at the OCCR.

The complete article on the NCCR audit can be found at: [NAACCR Narrative - Spring Issue 2016](#)

REPORTABLE BENIGN/BORDERLINE INTRACRANIAL AND CENTRAL NERVOUS SYSTEM (CNS) TUMORS: PART TWO

By Susan Nagelhout, CTR

Non-malignant primary intracranial and central nervous system tumors became reportable effective with diagnosis on or after January 1, 2004. ICD-O-3 behavior code of 0 or 1 are required for the following sites: meninges (C70._), brain (C71._), spinal cord, cranial nerves, and other parts of central parts of central nervous system (72._), pituitary gland (C75.1), craniopharyngeal duct (C75.2), and pineal gland (C75.3).

In addition, two additional ambiguous terms that constitute a diagnosis were established for non-malignant primary intracranial and CNS tumors: neoplasm and tumor.

The following are examples of benign/borderline tumors that are reportable **IF** they occur in the location cited. Adenoma's, schwannoma's and papilloma's can arise in various locations in the body. These tumors are **ONLY** reportable if they arise in the central nervous system under the following circumstances.

Vestibular Schwannoma:

Vestibular schwannoma, also known as acoustic neuroma, is a benign slow-growing tumor that develops from the vestibulocochlear nerve. These tumors often cause hearing loss and/or loss of balance. Vestibular schwannoma is a reportable tumor and is coded to primary site acoustic nerve (C72.4).

Pituitary Adenoma:

Pituitary adenoma is a benign slow-growing tumor that arises from cells in the pituitary gland. Tiny microscopic pituitary adenomas are found in one of five adults. Pituitary adenoma is a reportable tumor and is coded to primary site pituitary gland (C75.1).

Benign/Atypical Choroid Plexus Papilloma:

Choroid plexus papillomas are benign/borderline neoplasms of the choroid plexus, a structure made from tufts of villi within the ventricular system that produces cerebrospinal fluid (CSF). Benign or borderline choroid plexus papilloma is a reportable tumor and is coded to primary site choroid plexus NOS (C71.5).

Craniopharyngioma:

Craniopharyngioma is a benign tumor arising from small nests of cells located near the pituitary stalk. It occurs in the sellar region, near the pituitary, and often involves the third ventricle, optic nerve and pituitary gland. Craniopharyngioma is a reportable tumor. If not otherwise specified, code the primary site to craniopharyngeal duct (C75.2)

Vascular Tumors of the CNS:

Vascular tumors of the CNS *are* reportable when they arise in the **dura** or **parenchyma** of the CNS and should be coded accordingly. Benign and borderline **blood vessel tumors** *are not* reportable wherever they arise.

An example of a reportable vascular tumor is a cavernous hemangioma of the cerebrum. This tumor would be coded with histology code 9121/0 and with primary site code C71.0.

An example of a non-reportable vascular tumor is a venous angioma that arises in the blood vessels of the cerebrum. This tumor would be coded with histology code 9122/0 and with site code C49.0. Site code C49.0 is not a central nervous system code.

REMEMBER: When trying to determine the primary site for a benign/borderline CNS tumor, carefully review any imaging reports and review an operative report, if applicable. A benign/borderline tumor is not reportable unless the ICD-O-3 primary site code is included in the reportable list for non-malignant primary intracranial and central nervous system tumors listed above.

RESOURCES: In 2004, the Centers for Disease Control (CDC) published Data Collection of Primary Central Nervous System Tumors. According to SEER Inquiry System (SINQ), this publication does not represent the most current set of instructions. In 2007, SEER assumed responsibility for brain and CNS reporting. You can submit questions to the SINQ if you have concerns about whether a benign/borderline tumor is reportable. <http://seer.cancer.gov/seer inquiry/index.php>

UPCOMING NAACCR WEBINARS

The following NAACCR webinars will be presented in Oklahoma City and Tulsa at no cost to registrars.

If you are interested, please email SusanN@health.ok.gov for registration and details.

6/2/16 - Collecting Cancer Data: Prostate

7/7/16 - Patient Outcomes

8/4/16 - Collecting Cancer Data: Bladder

9/1/16 - Coding Pitfalls

**OKLAHOMA CENTRAL
CANCER REGISTRY**

1000 NE 10th St
Chronic Disease Service
Oklahoma City, OK 73117-1299

Phone: 405-271-4072
Toll free: 888-669-5934
Fax: 405-271-6315

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



OCCR STAFF DIRECTORY

Amber Sheikh, MPH, ext. 57111

Raffaella Espinoza, MPH, ext. 57103

Christina Panicker, MBA, CTR, ext. 57108

Jessica Taylor, ext. 55720

Judy Hanna, HT (ASCP), ext.57148

Kaela Howell, RHIA, ext. 57138

Leslie Dill, ext. 57120

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

Paula Marshall, BBA, CTR, ext.57121

Susan Nagelhout, CTR, ext. 57006

**TELECOMMUTING TOOLKIT FOR CANCER
REGISTRARS: THE FUTURE OF WORK**

NCRA Article Submitted by Judy Hanna, HT (ASCP)

National Cancer Registrars Association (NCRA) Education Foundation, 2015 has developed a Telecommuting Toolkit for Cancer Registrars. The toolkit is to provide cancer registrars with a tool to present to their administrators to encourage telecommuting within their organization. The presentation has Part I and II divided into 5 separate sections.

Part I – Telecommute Toolkit Presentation

Part I – Telecommute Agreement, Sample document

Part II – Telecommute Toolkit Presentation

Part II – Tips for Successful Telecommuting

Part II – Telecommute Self-Assessment

<http://www.ncraeducationfoundation.org/links.html>



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