OKLAHOMA CENTRAL CANCER REGISTRY

SUMMER

JULY 2015

OCCR NEWSFLASH

Oklahoma Awarded Silver Certification

by Amber Sheikh, MPH

The OCCR has received silver certification from the North American Association of Central Cancer Registries (NAACCR) for previous years' annual call-for-data 2014. Registry certification level is determined by assessing several measures such as timeliness, quality and completeness of data, displayed in the table below. Of the six certification measures, OCCR achieved gold standard in all except one measure: completeness of case ascertainment which resulted overall in silver certification. This certification shows the level of commitment by the statewide cancer reporters who work hard throughout the year to submit the cases in a timely manner. You lay the foundation for the OCCR staff to fine tune the data to meet the NAACCR requirements for certification. Thank you for all you do!

We have initiated processes within the registry to focus on improving the certification measures for the upcoming data submission in November 2015. As noted, we are short on completeness of case ascertainment by 3% (OK measure = 92.3%). We can achieve an increase by your support and partnership.

The OCCR staff, specifically your facility consultant and the OCCR education and compliance specialist, Susan Nagelhout, is available to answer your questions and to help you work through this process. Together we can aim to improve the Oklahoma certification standards!

Registry Element	Gold Standard	Silver Standard	Oklahoma Measure	Measurement Error Allowed	Standard Achieved
Completeness of case ascertainment	95%	90%	92.3%	1.0%	Silver
Completeness of information					
Missing/unknown age at diagnosis	<=2%	<=3%	0.0%	-0.4%	Gold
Missing/unknown sex	<=2%	<=3%	0.0%	-0.4%	Gold
Missing/unknown race	<=3%	<=5%	1.1%	-0.4%	Gold
Missing/unknown state & county	<=2%	<=3%	0.0%	-0.4%	Gold
Death certificate only cases	<=3%	<=5%	3.3%	-0.4%	Gold
Duplicate primary cases	<=1 per 1000	<=2 per 1000	0.0 per 1000	-0.4 per 1000	Gold
Passing EDITS	100%	97%	100.0%	N/A	Gold
Timeliness	Data submitted within 23 months of close of accession year.				Gold
				Certification Status	**Silver**

New Cancer Surveillance Coordinator

By Leslie Dill

OCCR is pleased to introduce the newest member of our staff, Raffaella Espinoza. A graduate of Oklahoma University Health Science Center-College of Public Health, Raffaella has an MPH in Epidemiology and a BA in Anthropology. She comes to OSDH from the New York City Department of Health and Mental Hygiene where, over the course of 8 years, she worked in three different bureaus; Bureau of TB Control, Brooklyn District Public Health Office and Bureau of STD Control.

Raffaella is no stranger to OSDH. In fact, while in the MPH program at OU, she worked as an intern for the OSDH Acute Disease Service investigating tick borne related cases. Her current role at OSDH is Cancer Surveillance Coordinator. The primary functions of this position are two-fold. The primary function is to coordinate the activities of the statewide OCCR surveillance system, which includes day-to day oversight of the registry staff to ensure that the annual data submission is completed and meets or exceeds the national data quality standards. The second function of her position is to provide epidemiological support and advanced epidemiologic analysis related to cancer and associated chronic diseases.

On a more personal note, Raffaella has recently moved to Yukon, OK with her husband, Omar, step daughter, Olivia (6) and son, Matteo (1). When not working, she thoroughly enjoys outdoor activities such as camping and hiking, and says, "A year is not complete without a vacation that includes international travel." Her favorite vacations so far were trips to Ireland and Northern Italy.

Welcome aboard, Raffaella. The way we look at it, New York's loss is definitely OCCR's gain!

OCRA FALL CONFERENCE 2015

October 29-30, 2015

Don't miss this 2-day educational conference at the new Embassy Suites OKC Downtown/Medical Center in Oklahoma City, OK.

Additional details will be posted soon to the Education page of the OCRA website, http://ocra-ok.org/education.asp.

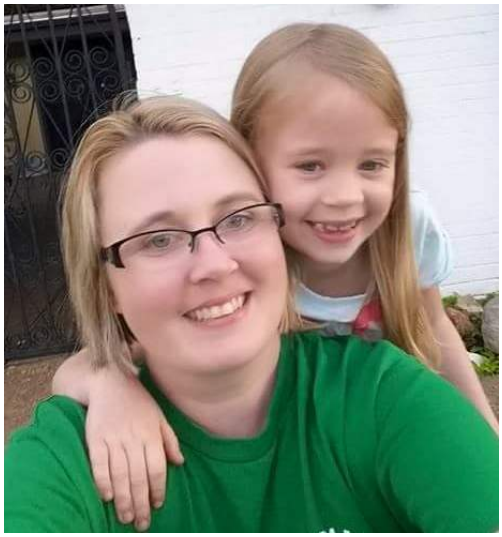
Important Changes Effective for 2015

By Susan Nagelhout, CTR

- CoC facilities are required to code clinical and pathologic T, N, M, stage group, descriptor and staged by, to the extent they are known, for class of case 10-22
- Carcinoid tumors of the appendix are reportable effective with 2015 diagnosis. ICD-O-3 code 8240/1 is obsolete. Carcinoid tumors of appendix must be coded 8240/3
- ICD-O-3 code 8157 (enteroglucagonoma) is obsolete effective in 2015. Enteroglucagonoma uncertain behavior should be coded 8152/1 and malignant enteroglucagonoma should be coded 8152/3
- New codes for Sex
  4 – Renamed Transsexual NOS
  5 – Transsexual, natal male
  6 – Transsexual, natal female
- New date flag code – RX Date Other Flag, explains why there is no appropriate value in the data field *Date Other Treatment Started*
- Site/TNM StgGrp Override updated to include pediatric cancer cases where TNM staging is not applicable or not used
- Obsolete hematopoietic and lymphoid neoplasm codes will be converted

Introducing Stacey Hibbets, CTR

By Christina Panicker, MBA, CTR



Great news, Oklahoma! There is a new CTR among us! Stacey Hibbets has officially become a Certified Tumor Registrar after sitting for the exam March 12, 2015.

Stacey works for Mercy Health Center and holds a Bachelors degree in Criminal Justice from the University of Central Oklahoma. She has worked in the medical records field for fifteen years, beginning at Cancer Care Associates. When Cancer Care Associates was purchased by Mercy Health Center in 2010, Stacey had a new employer and decided to pursue a career in cancer registry.

Born and raised in Enid, Oklahoma, Stacey currently resides in Northwest Oklahoma City. Her pride and joy is her daughter, Makenzie. "She is the smartest, funniest and most caring 7 year old I have ever met, all of which, we know she got from me," jokes Stacey. Interests are centered, of course, around Makenzie, including arts and crafts, trips to the OKC Zoo, Frontier City, White Water, or her all-time favorite, Chuck E. Cheese. She also enjoys going to the lake and fishing with friends and family.

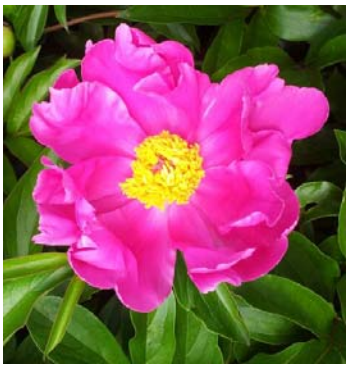
Stacey's advice to those who are in the registry trying to get their CTR credentials is to study a lot, focusing especially on the area of Commission on Cancer standards and statistics.

On behalf of the Oklahoma Central Cancer Registry, we bid Stacey congratulations! Her hard work and dedication has certainly paid off.

Death Clearance Process has Begun

By Jessica Taylor

Each year we do a linkage with mortality data to update current cases in our database as well as identify potentially missed incidence cases. If the death certificate indicates cancer as the cause of death and we do not have them in our registry, they are added to our database as a death certificate only (DCO) case and follow-back must be performed. The first step to the follow-back process is to perform a linkage with hospital discharge data to identify facilities that have seen the patient within that year. The second step is to contact the facility and obtain as much clinical information as possible. In order to take the case out of DCO status, the following two data items must be obtained:



Confirmation of Diagnosis: Confirmation of diagnosis means the diagnosis was made by a recognized medical practitioner and is supported by information from a clinical source or medical record. This can include documentation (consultation report, admission/discharge summary, H & P, etc.) of the patient having a previous history of cancer.

Date of Diagnosis: An exact or estimated date of diagnosis must be obtained. If an exact date of diagnosis is not available, the diagnosis date may be estimated from information provided in the medical record (e.g., approximately 2 months ago, 3 years ago, more than 5 years ago).

We have identified **over 900 DCO cases** which 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. If you have received a request for information on a DCO case, please fax the required documentation to (405) 271-6315, Attn: Death Clearance. Any questions regarding this process can be directed to Jessica Taylor at JessicaT@health.ok.gov or by calling (405) 271-9444 ext. 55720.

INTEGRIS Cancer Institute at Southwest Medical Center

By Marva Dement, BBA, BS, CTR

This quarter the OCCR spotlight is on…the INTEGRIS Cancer Institute at Southwest Medical Center (ISMC) in Oklahoma City! The registry was first established in 1977 when it was still known as South Community Hospital. The first Commission on Cancer (CoC) accreditation was awarded in 1981 and their most recent reaccreditation was in August 2014. ISMC is a 406 bed hospital with an average caseload of 566 new cases per year.

ISMC has three medical oncologists (Khader Hussein, MD, Bashar Alasad, MD, and Nasser Janbay, MD), two radiation oncologists (Gary Larson, MD, and Shripal Bhavsar, MD), one social worker (Barbara Snider, MSW), one chaplain (AJ Thomas, MABC) and one non-emergency transportation driver (Jim Bennett). Patients at ISMC have access to physicians at all INTEGRIS facilities and to the ProCure Proton Therapy Center in Oklahoma City. Services offered at ISMC include the ProCure Proton Therapy Center, radiation oncology, imaging, breast surgical oncology, lung multidisciplinary cancer clinic, medical oncology, infusion therapy and more than a dozen support groups available to both patients and family members.

The current registrar at ISMC is Denise Baker, CTR. She has been with ISMC since June 2013 and was with IBMC prior to that. Denise became a Certified Professional Coder for INTEGRIS in 2006 and has been a CTR since September 2009. She has been married for 44 years, has one son, two dogs and three birds. ISMC added a new staff member to their registry in June 2015. Her name is Chandell Norman. She is a soon-to-be graduate of the University of Central Oklahoma and will be working towards obtaining her CTR credential.

NPCR Data Quality Evaluation of OCCR - Diagnosis Year 2012

By Paula Marshall, BBA, CTR

All NPCR funded central cancer registries are required to participate in an evaluation of compliance with NPCR standards on data quality every five years. The NPCR-sponsored independent audit is conducted by a CDC-approved organization to assess the quality of the central registry data as required by CDC. The quality of data collected and reported by central cancer registries depends on the completeness of reporting, practices in place at the central cancer registry regarding data quality editing and record consolidation, and adherence to national program standards (i.e. text documentation). The states are responsible for ensuring compliance with the NPCR program standards for completeness, timeliness, and the quality of data reported to the central cancer registry.

The Data Quality Evaluations (DQE) project evaluates the quality of data for diagnosis year 2012, including the accuracy and completeness of coding for female breast, colon, rectum, rectosigmoid junction, lung, prostate, and corpus uteri cancer cases. The OCCR prepared two extract files in December 2014 consisting of unduplicated files that contained consolidated records of reports from facilities on the same malignancy and the other file included abstract level data that corresponded to the consolidated records for the seven primary sites to be evaluated. The cases were reviewed for the accuracy of code against the supporting text as well as evaluating the completeness and accuracy of treatment data as compared to national standards of care.

Results of the data quality evaluations were compiled and data discrepancies were provided to the OCCR staff. After the two-week reconciliation period, all reconciled data was returned to DQE project staff for use in the final report.

The total number of minor errors found was 110. The major and minor errors together reflect a total of 223 errors for an overall accuracy rate of 96.4%. Female breast cases yielded the most tumors with errors, followed by lung and uterine cases. The date of the 1st course of treatment yielded the most errors overall, followed by derived summary stage and the data elements for the date and summary for chemotherapy.

Conclusions and General Recommendations

- OCCR's overall data accuracy rate for consolidated data elements was 98.2 % and the OCCR should be commended on their efforts in maintaining quality data in their registry.
- During the Visual Editing evaluation, errors resulted when text was either completely missing or incorrectly coded for various data elements. OCCR is strongly encouraged to remind all reporting facilities to provide text documentation to support data element code selection.

Detailed Recommendations for Review of Abstracting Practices

Statewide training should include a focus on the following items:

- Date of First Course of Treatment (CoC):
  -Entering dates of first course of treatment from diagnostic/staging procedures was encountered on breast, uterine, and prostate cases. Incisional biopsies should be coded in the diagnostic staging procedure data field.
  -If neo-adjuvant therapy is administered, the date that treatment started becomes the date of first course of treatment. The FORDS Manual states: Record the earliest of the following dates: Date of First Surgical Procedure, Date Radiation Started, Date Systemic Therapy Started, or Date Other Treatment Started. If active surveillance or watchful waiting is selected as the first course of treatment record the date this decision is made.
- RXDate/Summ Chemotherapy:
  -Cases across most of these primary sites had their chemotherapy fields blank when text indicated chemotherapy was given. Text fields should be reviewed during consolidation, especially if the diagnosis and stage of disease indicated further treatment, whether neoadjuvant or adjuvant, is indicated.

Upcoming Events

August 6, 2015 NAACCR Webinar: Central Nervous System

September 3, 2015 NAACCR Webinar: Coding Pitfalls

To register for webinars email SusanN@health.ok.gov.

New Formula Aims to Help Weigh Value of Cancer Treatments

Story submitted by Judy Hanna, HT(ASCP)

Written by Ron Winslow, Wall Street Journal, June 22, 2015

A leading oncology group has developed a formula designed to help doctors and patients weigh the value of cancer treatments, in the latest example of rising concern over the price of new drugs. The American Society of Clinical Oncology published Monday a template for assessing new treatments based on the benefits and side effects seen in clinical trials and on the cost for individual patients. The formula is an initial step toward producing software-based tools that doctors and patients can use in deciding among treatment options for the disease, ASCO said.

The initiative comes amid an increasing push by doctors to challenge the soaring costs of cancer treatment. In May, the European Society for Medical Oncology published its own formula for assessing the value of cancer medications. Last week, doctors at Memorial Sloan Kettering Cancer Center in New York unveiled an online, interactive calculator that links the price of drugs to benefits and side effects.

ASCO's annual meeting early this month featured a high-profile lecture by one oncologist calling into question the high prices of new cancer agents. "We developed the framework because costs are increasing and our patients are feeling the impact," Richard Schilsky, ASCO's chief medical officer, said of the new pricing formula. The price of new cancer drugs now averages $10,000 a month, he said, up from $5,000 a decade ago. The jump coincides with trends in insurance coverage that require patients to bear higher portions of the cost of care.

"Even a well-insured patient may have to pay $2,000 a month for some of these newer treatments," Dr. Schilsky said. "That's going to exact a toll over time."

Studies indicate that patients either skimp on or skip taking prescribed medicines because of the out-of-pocket cost of treatment, which also puts severe financial stress on many families.

The new ASCO formula scores drugs for both benefits and side effects based on data from randomized clinical trials that compared the medicines against standard-of-care treatments. Drugs score higher if they are shown to extend survival and a lesser amount if the data only show how long they prevent the disease from getting worse.

Points are taken off if side effects of the new regimen are worse than current treatments and added if the toxicity is less. For patients with advanced or metastatic disease, the formula awards what ASCO calls bonus points if the treatments help alleviate pain and other cancer symptoms or if they enable patients to take a break from regular treatment regimens.

The calculation leads to what ASCO calls a net health benefit from the drug. The monthly cost of treatment is shown separately. ASCO says it is up to patients and doctors to compare the health benefits to the costs as they weigh which treatments to choose.

So far, ASCO has included four different cancers in its formula—advanced lung cancer, advanced prostate cancer, advanced multiple myeloma and early stage HER2-positive breast cancer.

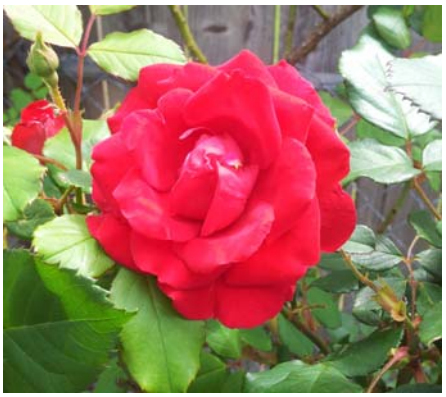
The details were published Monday in the Journal of Clinical Oncology. ASCO is seeking comments on the formula until August 21 and will update and modify the formula for additional cancers, eventually developing tools that can be used with patients in the doctor's office.

ASCO developed the formula in consultation with patient advocacy groups, insurers and drug makers. The Pharmaceutical Research and Manufacturers of America, an industry trade group, said in a statement that "as the framework is finalized, it will be essential to ensure that it reflects the needs and preferences of individual patients, medical advances and increasing personalization in medicine, as well as the evolution of clinical value and cost over time."

Rely on Your Manuals

By Kaela Barger, RHIA

OCCR recently attended an educational class that covered multiple aspects of cancer registry. It was in a laid back setting which allowed for questions and answers during the presentations. Over time as registrars interacted, it became apparent that it is not uncommon for registrars to have conflicting opinions or discover that there was something that was being overlooked in their abstracting.



In cancer registry we are constantly reminded of the importance of using our many manuals to continually check and refresh our knowledge. However, it becomes all too easy, while in the daily grind, to rely on the pop-up and help menus within registry software. This tendency can stem from sole reliance on past experience, rushing through abstracts, or not knowing where to find the clear answers. The truth is that, due to limited space, the pop-up menus within Rocky Mountain may not contain complete field descriptions as the manuals do. Help menus within Rocky Mountain software often lack the references, examples, extra notes, links, clear layout and pictures that may be available to further explain a field that one may believe they've come to understand quite well.

An example of the need to check manuals instead of depending on help menus is when coding class of case 32. The description in RMCDS reads, "Dx AND all 1st course RX elsewhere AND patient presents REP facility with recurrence." However, in the FORDS manual this description ends with, "or persistence (active disease)". This last word is crucial in confirming that cases of metastasis fall within this category.

Multiple examples can be made regarding how important it is to frequently refer to the cancer registry manuals instead of relying on software menus. Referring to the manuals is a simple way to ensure that not only is your data complete and accurate but will also keep you well-informed of any changes made by the standard setters.

When Your Reporter is Leaving

By Leslie Dill

When the unfortunate occasion arises in which you receive knowledge that one of your staff is resigning or retiring, please gather the following information and email it to your facility consultant BEFORE your reporter leaves. This little bit of information will go a long way to help ensure the smoothest transition and training for your new reporter.

Who is leaving and when? Knowing this will allow OCCR to keep an accurate record of current RMCDS and Web Plus users.

For RMCDS users, log in to RMCDS and take a screen shot of the RMCDS homepage. The information in this screen shot will allow OCCR to see what version is currently being used and make arrangements for any updates needed.

Make note of which computer and its physical location in your facility. Also, note the location or path on the computer to existing RMCDS or Web Plus files.

What is the status of reporting at your facility (what month and year will your new reporter begin reporting?)

Email your facility consultant

Large hospitals email Kaela Barger: KaelaB@health.ok.gov.

Small hospitals email Christina Panicker: ChristinaP@health.ok.gov.

Ambulatory Surgery Centers and Dermatology offices email Leslie Dill: LeslieD@health.ok.gov.

Treatment Centers email Jessica Taylor: JessicaT@health.ok.gov.

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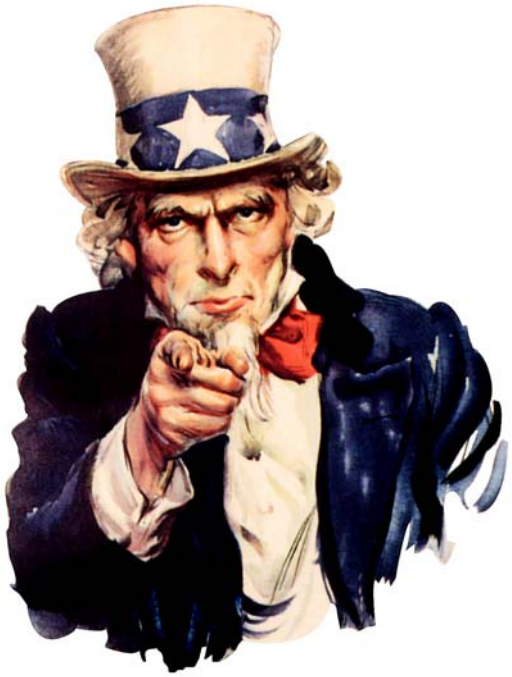

All 2014 cases were due to OCCR by June 30, 2015.

Is *YOUR* facility compliant?

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