

NHSCR Registry Report



VOLUME 3, ISSUE 2
AUGUST 2004

Melanoma Audit

Earlier this year NHSCR collaborated on a project evaluating case completeness and data quality in states receiving funds from the Centers for Disease Control & Prevention (CDCP) under the National Program of Cancer Registries (NPCR) cooperative agreements. In conjunction with Macro International, we conducted "An Assessment of Completeness of Reporting Melanoma" for cases diagnosed in New Hampshire during 2000. NHSCR was eager to participate in this review to assess the impact of under-reporting of melanoma cases in the state.

Macro's certified tumor registrar performed audits for casefinding or reabstraction at about a dozen randomly-selected facilities. He also evaluated case submissions from reporting dermatologists. We are tremendously grateful to the hospitals and registrars who, on very short notice, allowed the CDC auditor to visit their facilities. NHSCR and Macro International will report on the audit findings at the 9/17/04 CRANE meeting at CMC.

All Non-Analytic Cases are Reportable!!!

Although CoC does not require the collection of non-analytic cases (class of case 3), these cases ARE reportable to the NHSCR. Please report your non-analytic cases!

Mark Your Calendars

NHSCR and Catholic Medical Center will host a CRANE meeting on September 17, 2004 at CMC in Manchester, NH. Registration materials will be sent to all NH registrars by CRANE in the near future.

Congratulations!!!

In May, Maria Celaya received her Masters of Public Health from the University of New Hampshire. This has been a long, arduous process and we are very proud of her!

WE NEED RAPIDS EACH AND EVERY MONTH!

The simplest way to transmit is via the web site: no zipping, no passwords, and secure.
Please contact Bruce Riddle at 603-653-1036 if you need more information.

Physician Names

Current New Hampshire regulations require the reporting of NAACCR Item #2460, Physician-Managing, for both rapid and definitive cases. In addition, for definitive cases hospitals are required to report NAACCR Item #2470, Physician Follow-Up, and NAACCR Item #2480, Physician Primary Surgeon. In the standards books, these NAACCR Items are described as eight character fields designed to hold medical license numbers or facility generated codes.

For example, a hospital registrar could assign for Dr. Smith the number '00000001' and for Dr. Jones '00000002'. In the registry software, the hospital registrar creates a table of numbers and corresponding physician names. We know that some hospital registrars have created very elaborate tables in their MRS or Précis software.

Historically, NHSCR has not supplied to hospital registrars a state-wide list of physicians. Given the comings and goings of physicians, any list NHSCR issued would be rapidly out of date.

Also historically, NHSCR has asked reporting hospitals to supply a written physician name on the NAACCR record (last name, first name, and middle initial) as a substitute for the number put in the field for managing physician. We cannot use hospital numbers or alphanumeric codes that are unique to each reporting facility. Under NAACCR Standards 10.2, MRS and Précis write the managing physician name in columns 1447-1471 for last name, 1472-1485 for first name, and 1486 for middle initial on the NAACCR record sent to us.

Both MRS and Précis expect reporting hospitals to enter the managing physician number and then when an export file is created, the software automatically fills in physician names in columns 1447-1486.

Recently, the users of our data asked us to more consistently provide to them with physician name for both rapids (i.e. suspense) and definitive cases. When we receive a rapid or definitive report where the physician name is blank or marked "NOT AVAILABLE," we have to call the hospital registrar and ask for the name. In the last few months, the number of requests has been substantial. Your help in supplying physician names would be most appreciated.

For us to receive accurate physician names, both MRS and Précis require that hospitals enter and maintain a physician name table. We are asking that all hospitals make an effort to enter the managing physician number that corresponds to entry in the physician name table. Please contact your software vendor for additional help.

Thank you.

Currently Published Manual Set

FORDS, Facility Oncology Registry Data Standards, Revised for 2004
(cases diagnosed 2003 forward)

Errata for the manual can be found at: www.facs.org/cancer/coc/fordsmanual.html#errata

Collaborative Staging Manual and Coding Instructions, Version 1.0.

www.cancerstaging.org/collab.html

International Classification of Diseases for Oncology (ICD-0) Third Edition 2000
(cases diagnosed 2001 forward)

Errata and additional aids can be found at: www.seer.cancer.gov/icd-0-3

Your Data at Work

Data from NHSCR was published in several places this spring:

CDC's *United States Cancer Statistics 2000 Incidence*. This is in the public domain and may be reproduced and copied without permission. The report is available at:

www.cdc.gov/cancer/npcr/uscs/2000/index.htm

NAACCR's annual *Cancer in North America: 1997-2001*. Three volumes.

Available on the Web at: www.naacr.org

Bruce Riddle's article, "A Review of Death Clearance in Central Cancer Registries and a Proposal for a New Regime", was published in the Summer 2004 issue of *The Journal of Registry Management*.

Posters presented at the annual NAACCR meeting in June were "Rapid Case Reporting in New Hampshire" (Maria Celaya, co-authors Bruce Riddle and Judith Rees) and "Questions about Sensitivity and Specificity of NAACCR Hispanic Identification Algorithm in a State with a Small Non-White Population" (Bruce Riddle, co-author Judith Rees). Dr. Riddle also gave an oral presentation "Patterns of Morphology Reporting."

NHSCR on the Web

We are updating the NHSCR website.
Please visit at:

<http://cancer.dartmouth.edu/nhcr/index.shtml>

The state website for New Hampshire cancer data is:

<http://www.dhhs.nh.gov/DHHS/BHSDM/cancer-data.htm>

Important Dates

CTR Exam

Fall Exam Application Deadline: July 31, 2004
Fall Exam Date: September 11 through 25
www.ncra-usa.org/certification/exam.htm

CRANE Annual Meeting

November 8 & 9, 2004
Plymouth, MA

Principles of Oncology for Cancer Registry Professionals

December 6-10, 2004
Potomac, Maryland
SEER Program of the Nat'l Cancer Institute
<http://seer.cancer.gov/training/oncology>

Principles & Practice of Cancer Registration, Surveillance & Control

Check website for exact dates
www.fullmerinstitute.org

NCRA 2005 Annual Conference

April 10-13, 2005
New Orleans, LA

www.ncra-usa.org

NAACCR Annual Meeting

June 7-9, 2005
Boston, MA

UPDATE: New England Bladder Study

Your help has been crucial to the success of this study and now the end is in sight! Because accrual exceeds projections, NCI needs cases diagnosed 1/01/02 through 10/31/04 only. Collection is accelerated also: rapid reports for these cases are needed ASAP after diagnosis, definitive reports no later than 3/31/05. Letters have been sent to all registrars.

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