

NHSCR Registry Report



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NAACCR Training Program Presents Webinars

The expansion of the North American Association of Central Cancer Registries (NAACCR) training program will include a series of web seminars (webinars) for hospital registrars and cancer reporters. A webinar includes a presentation by an instructor with an audio portion (telephone) and a visual portion (computer through the Internet). There will be eight webinars in the series and each will be four hours long. Each webinar will address cancer data collection for a specific site and will include information on anatomy, items as required by the American College of Surgeons (ACoS) Commission on Cancer (CoC). Didactic exercises will be completed and answers with rationale will be presented. There will also be a question and answer session. A tentative schedule is listed below. NHSCR is pleased to announce that we will purchase a subscription for the series so that we can make it available to hospital registrars. If you are interested in hosting one of the sessions, please call us at 1-800-443-5666.

Date	Title
October 12, 2006	Abstracting Head and Neck Cancer Incidence and Treatment Data
December 14, 2006	Abstracting Central Nervous System Tumor Incidence and Treatment Data
January 11, 2007	Abstracting Urinary System Cancer Incidence and Treatment Data
February 8, 2007	Abstracting Lymphoma Cancer Incidence and Treatment Data
March 8, 2007	Abstracting Colon and Rectum Cancer Incidence and Treatment Data
May 10, 2007	Abstracting Prostate Cancer Incidence and Treatment Data
June 14, 2007	Abstracting Lung Cancer Incidence and Treatment Data

NHSCR Registrar Training

Because everyone's needs are different and given the small size of our state (and therefore small demand), NHSCR does not provide abstracting workshops. If you are a new registrar in need of registry training or a seasoned registrar who would like a refresher, NHSCR staff are available to provide one-on-one training to NH registrars. This could be in registry operations, case-finding, and abstracting. While we try to provide you with educational feedback through our quality assurance activities and our bi-annual meetings, we may not be addressing your specific needs. Please take advantage of our quarterly site visits to your facility to let us know in what areas you need help the most. We also have a wealth of educational material available that you may borrow. If we don't have it, we will try to get it for you, especially manuals and other books. Lastly, if you or someone you know will be sitting for the CTR exam, we can help you prepare by arranging individual or group study sessions, providing study outlines, etc.

NAACCR Certification

NHSCR received "Silver" certification from NAACCR on 2003 data. Our thanks go out to all reporting facilities for your help in getting the data in to us...THANK YOU!

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.

Text, Text, Text...

Text documentation is a **required** part of the NHSCR abstract! All abstracts submitted to the NHSCR should consist of codes AND text. Text should describe the information that is coded in the abstract. Document your coded data so that we may validate the codes you assign. Documentation helps us resolve conflicting information reported from multiple sources. You also avoid having to pull a chart to review information again and again. How do you know if you have enough text? Ask yourself, if I remove all the codes from this abstract, could I code all the fields with what I have noted?

New Prostate Treatment

“Hot Shots” or HIFU (High Intensity Focused Ultrasound): The ultrasound creates a sudden increase in temperature from 85-100 C for a five-second burst which destroys the cancerous cells, without damaging the surrounding tissue. By repeating the shots and changing the target it is possible to destroy the whole tumor. A major advantage to this treatment is that it can be repeated, involves only a short stay in the hospital, and has few side-effects.

**** This cancer-directed treatment is classified as a surgical procedure. It should be coded using S17-Surgery of Primary Site-“Other method of local tumor destruction”.*

Medical Records Disease Index Audit Progress Report

This has been a valuable exercise in preparation for the CDC audit in 2007. Although some of you are able to utilize a MediTech or similar report function for this, we know that many of you, particularly non-registry hospitals, are dependent on your IT/IS staff and have to accommodate *their* schedules. Despite that, we have had a good response since our initial letter on June 1, for which we are most grateful. To the missing: please get your reports to us by August 31. We want to complete case matching and follow-up no later than November 1, 2006.

ICD-9-CM “V-Codes” Expanded

The NHSCR Casefinding List provides a list of ICD-9-CM diagnosis codes that are used to identify cases that may be reportable to the NHSCR. The latest ICD-9-CM code revisions, additions and deletions affect V-codes that are part of this casefinding list. NHSCR will provide an updated list as soon as we get final word from the standards’ setters. In the meantime, please make note of changes made to the following V-codes used for casefinding activities:

- V10.00-V10.99 Personal history of malignancy
- V58.00-V58.12 Admission for radiotherapy, chemotherapy, and immunotherapy
- V67.1-V67.2 Examination/Surveillance following radiotherapy/chemotherapy
- V71.1 Observation for suspected malignant neoplasm
- V76.00-V76.99 Special screening for malignant neoplasm

NAACCR Version 11 & New Fields

During the NHSCR Spring meeting, updates to the NHSCR Data Collection Manual (AKA: FORDS Revised for 2004) were distributed. NAACCR version 11 standards were included in these updates. If you do not have these, please let us know so that we may forward copies of these updates to you. Keep in mind the following new and changed fields in NAACCR V11 that are effective for cases diagnosed 1/1/2006 and after:

- RX Summ-Systemic/Sur Seq [1639]
- Type of Reporting Source [500]
- Primary Payer at DX [630]
- Case Finding Source [501]

V11 also includes data fields that are effective with cases diagnosed on or after 1/1/2007. Please do not code these fields at this time; these should be left blank!

- Ambiguous Terminology DX [442]
- Date of Conclusive DX [443]
- Mult Tum Rpt as One Prim [444]
- Date of Multiple tumors [445]
- Multiplicity of Counter [446]

2005 Completeness Reports

The 1st hospital completeness reports for 2005 are ready. You will receive the official report within the next week. This report considers the completeness of *definitive* case reporting only, which are due 90-180 days from date of diagnosis. This means that 100% of 2005 cases were due as of July 1st. If the number of cases we have on file is lower than expected, please let us know if our numbers are not consistent with yours or when you plan to submit the remaining cases.

It's That Time Again...

NAACCR Call-for-Data is once again upon us, and with that more data requests from NHSCR to reporting facilities. Please be on the lookout for follow-back to death clearance, unmatched rapids, GenEdits, etc.

The NAACCR Call for Data is due Dec 1, 2006. For NHSCR to clean the data prior to submission, all 2004 cases must be received by October 1st!

NHSCR Publications

Maria Celaya, Judy Rees, Bruce Riddle, et al. study entitled *Travel distance and season of diagnosis affect treatment choices for women with early-stage breast cancer in a predominantly rural population* is published in the August 2006 issue of Cancer Causes & Control.

Bruce Riddle, DK Boeshaar paper entitled *Event Driven Data Set for Cancer Surveillance* is published in the Summer 2006 issue of Journal of Registry Management.

Mark Your Calendars!!!

The NHSCR Fall 2006 Meeting is tentatively scheduled for Friday, Oct. 27th at the Elliot Hospital in Manchester, NH. NHSCR staff will present the new multiple primary and histology rules to be implemented January 1, 2007. More info to follow!

Important Dates

- **Principles of Oncology for Cancer Registry Professionals**
December 4-8, 2006
Reno, Nevada
<http://seer.cancer.gov/training/oncology>
- **CTR Exam**
Fall Exam Application Deadline: July 31, 2006
Fall Testing Period: Sept. 16-30, 2006
www.ctrexam.org
- **NAACCR 2006 Toolkit Workshop**
September 25-27, 2006
Nashville, Tennessee
www.naaccr.org
- **NHSCR Fall Meeting**
October 27, 2006
Elliot Hospital— Manchester, NH
- **CRANE Annual Meeting**
November 13-14, 2006
Holiday Inn by the Sea
Portland, ME
- **NAACCR Cancer Surveillance Institute I**
February 6-9, 2007
Tampa, FL
www.naaccr.org
- **NCRA's CTR Exam Prep Workshop**
February 22-25, 2007
Phoenix, AZ
www.ncra-usa.org
- **NCRA's 33rd Annual Conference**
April 22-25, 2007
Las Vegas, NV

Survey Survivors

The NHSCR is proud to congratulate the following facilities and their registrars on earning Commission on Cancer Approval:

- Claire Davis Cheshire Medical Center
- Debbie Rivet St. Joseph Hospital
- Claire Abel S. NH Med. Center (Fall '05)

They each received 3-yr approval with commendation on their COC surveys... **Congratulations!!!**

Reminder on Updated Cases

Any updates to cases already submitted should be sent in paper form with updated fields highlighted.



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NHSCR on the Web

Please visit at: <http://cancer.dartmouth.edu/nhcr/index.shtml>
We are in the process of updating the NHSCR website. Suggestions are welcome!

The state website for New Hampshire cancer data is:
<http://www.dhhs.nh.gov/DHHS/HSDM/cancer-data.htm>