

# NHSCR Registry Report



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## **NHSCR Has a New Team Member!**

Patrice Braden joined our staff in September. She comes to us from Colorado where she was a cancer registrar at Boulder Community Hospital. Pat was born in Colorado and has spent all of her life in the far West. She earned a BS from Montana State and lived for a time in the San Francisco Bay area. After her husband's death from Hodgkin's, Pat moved north with her son, completing her RHIA at the University of Washington in Seattle and settling in Oregon.

Because her son was working in Boston, she jumped at the opportunity to come East. He has since transferred to Concord, NH which makes her even happier. Pat has a dog, Lala, and two "old" birds. She is finding the east interesting (beautiful New England fall!) and challenging (cold New England winter!).

Pat's role at the NHSCR will primarily be collecting and processing data from non-registry hospitals and non-hospital facilities.

## **NAACCR Training Program Spring Webinars**

The NHCSR has purchased a subscription for the NAACCR training program, which includes a series of web seminars (webinars) for NH hospital registrars and cancer reporters. These webinars address cancer data collection for specific sites and include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items as required by the American College of Surgeons (ACoS) Commission on Cancer (CoC). Exercises are completed and answers presented. There is also a question and answer session.

The webinar schedule for 2007 is as follows:

<b>Date</b>	<b>Title</b>	<b>Place</b>
February 8	Abstracting Lymphoma Cancer Incidence & Treatment Data	Elliot Hospital
March 8	Abstracting Colon & Rectum Cancer Incidence & Treatment Data	Catholic Med. Ctr.
May 10	Abstracting Prostate Cancer Incidence & Treatment Data	Wentworth-Douglas Med. Ctr.
June 14	Abstracting Lung Cancer Incidence and Treatment Data	Elliot Hospital
September 13	Abstracting Breast Cancer Incidence and Treatment Data	Wentworth-Douglas Med. Ctr.

A special thanks to these hospitals who have kindly volunteered to host the webinars! Without their help presenting these webinars would not be feasible.

Registration is full for the Feb. 8th session, but we are currently taking registration for the March 8th session at Catholic Medical Center. Please contact NHSCR at 1-800-443-5666 to register! The webinar will be presented from 9a.m. to 1p.m. Continental breakfast and lunch will be served. All are welcome to attend!

## ***WE NEED RAPIDS EACH AND EVERY MONTH!***

The simplest way to transmit is via our secure web site. No zipping or passwords needed.  
Contact Bruce Riddle at 603-653-1036 for more information.

## Disease Index Audit

We would like to thank everyone who contributed. Little did we imagine the scope it would attain when we began it in June 2006!

Our initial purpose, in preparation for the NPCR audit scheduled for spring 2007, was to ascertain that NH hospitals were following rigorous case-finding practices. Most hospitals review pathology, etc. reports, but many do not audit the disease index. There is a growing concern that reportable neoplasms most often found in a clinical setting (lung, brain/CNS, and various hematopoietic conditions) are being overlooked.

We requested an electronic file of the 2004 disease indices for comparison with the NHSCR database. As this had not been previously done at most facilities, it required generous collaboration by their IT staffs, for which we are most grateful. Afterwards we sent lists of all unmatched cases back to the registrars for confirmation.

This was an extensive learning process for both NHSCR and the hospitals. We found that, as with any case-finding activity, hospital disease indices, when used, need to be monitored frequently if they are not to overwhelm. There are a number of sophisticated electronic case-finding instruments currently being developed at other state and national entities. Until they are (if ever!) available to us, the programs developed by each NH hospital for its registry will serve as long as they contain standard ID variables (name, DOB, SSN, MR #, date of service, ICD-9 or ICD-10 code). There are also commercial programs available. MediTech, which is used by CMC and Portsmouth, produces a superior result.

Finally, one of the most important findings of the disease index audit was that it is *essential* for hospitals to maintain for future reference a list of those cases found to be non-reportable, preferably in a simple EXCEL file with the same variables as above and giving the reason.

Please accept our deepest gratitude for your time, patience and help with this project.

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## NCRA PROGRAM RECOGNITION

The NHSCR Fall 2006 meeting received 4.5 CE hours by NCRA. The program has been assigned event number 2006-265. If you attended, you received a certificate of attendance. Please note this information on your certificate.

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### E-Path Reporting

NAACCR has released guidelines for electronic pathology (E-Path) reporting by pathology labs. These guidelines also address the HIPAA issues related to this reporting and clearly state that a state cancer registry is a public health agency authorized by law and is therefore exempt from HIPAA. To access entire manual, use link below:

[http://www.naacccr.org/filesystem/pdf/E-Path%20Reporting%20Guidelines\\_FINAL\\_01-29-07%20.pdf](http://www.naacccr.org/filesystem/pdf/E-Path%20Reporting%20Guidelines_FINAL_01-29-07%20.pdf)

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### New Codes for Casefinding

The ICD-9-CM code for "Other lymphatic and hematopoietic tissues of uncertain behavior" has been expanded from 238.7 to 238.71-238.76 and 238.79. Enclosed with this newsletter is a list of the new codes.

The codes that are highlighted are reportable malignancies but you should review all of the new "238.7" codes as these may yield a reportable case. The new codes went into effect on *October 1, 2006* and the attachment provides you with a web link for more details.

## Call-for-Data Review

On Dec 1, 2006 NHSCR submitted all 2004 cases to NAACCR, and on Jan 29, 2007 made the provisional submission of 2005 cases to NPCR. In preparing data for these data deliverables, we came across a few, but very common, errors:

- If systemic treatment is coded to 80-88 (recommended, refused, etc.), date of systemic treatment should be 88/88/8888.
- Cases with histology for myelodysplastic syndrome are not reportable if diagnosed prior to 2001. Cases diagnosed as of 1/1/01 should be coded in ICD-O-3. Please leave ICD-O-2 blank.
- As of 1/1/04, non-melanoma skin cancers (8000-8110) are not reportable. Please do not report these, even if stage is regional or distant.
- Primary payer code 36 (Medicare w/ Medicaid) is no longer a valid code. Use code 64 (Medicare w/ Medicaid eligibility) instead.

## 2006 Completeness Reports

Thanks to everyone for your feedback on the "trial" set of completeness reports mailed in the summer. We continue to streamline our new report process and omitted the third quarter report while we did so. Expect to receive your next completeness report within the next week: 50% of cases were due by December 31, 2006.

## Bye, Bye...Well, Hello!

As they approach new ventures, best wishes to Mary St. Jean at Exeter Hospital, Amanda Timplake at DHMC, and Colleen Shore at Parkland Medical Center.

A big welcome to Sandy Cyr at Parkland Medical Center, Pauline McGinn at Exeter Hospital, Suzanne Ogden & Mary Sylvain at Wentworth-Douglas Hospital, and Laurie Chevalier & Leslie Belanger at Catholic Medical Center.

## Important Dates

- **NAACCR Cancer Surveillance Institute I**  
February 6-9, 2007  
Tampa, FL  
[www.naaccr.org](http://www.naaccr.org)
- **NCRA's CTR Exam Prep Workshop**  
February 22-25, 2007  
Phoenix, AZ  
[www.ncra-usa.org](http://www.ncra-usa.org)
- **NCRA's 33rd Annual Conference**  
April 22-25, 2007  
Las Vegas, NV  
[www.ncra-usa.org](http://www.ncra-usa.org)
- **Principles of Oncology for Cancer Registry Professionals**  
May 7-11, 2007 in Reno, NV  
July 2007 in Baltimore (tentative)  
December 10-14, 2007 in Reno, NV  
<http://seer.cancer.gov/training/oncology/>

## Revision to Collaborative Staging and Coding Manual Part I

The Collaborative Staging and Coding Manual Part I Version 01.03.00 is now been posted on the AJCC Web site at:  
<http://cancerstaging.org/cstage/manuals.html>.

Part I is to be used in conjunction with Part II. Part II was reposted on the Web site with the addition of a cover page for this section of the manual. No changes have been made to the internal content of Part II.

The manual can be downloaded and saved on your desktop. You can search this electronic document for a word or phrase to quickly find the rule you need in order to answer your coding questions. You can also highlight and add "notes" to the sections you reference often.

## 2007 Multiple Primary and Histology Coding Rules

With a new year comes new rules. Please remember that all cases diagnosed in 2007 and forward need to follow the new Multiple Primary and Histology Rules.



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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>

*New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Disease Control and Health Statistics, Health Statistics and Data Management Section, and the New Hampshire State Cancer Registry, 2007.*

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New Diagnosis Codes  
Effective October 1, 2006

Note: The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC's webpage at: [www.cdc.gov/nchs/icd9.htm](http://www.cdc.gov/nchs/icd9.htm)

Diagnosis Code	Description
052.2	Postvaricella myelitis
053.14	Herpes zoster myelitis
054.74	Herpes simplex myelitis
<b>238.71</b>	<b>Essential thrombocythemia</b>
238.72	Low grade myelodysplastic syndrome lesions
238.73	High grade myelodysplastic syndrome lesions
<b>238.74</b>	<b>Myelodysplastic syndrome with 5q deletion</b>
238.75	Myelodysplastic syndrome, unspecified
<b>238.76</b>	<b>Myelofibrosis with myeloid metaplasia</b>
238.79	Other lymphatic and hematopoietic tissues
277.30	Amyloidosis, unspecified
277.31	Familial Mediterranean fever
277.39	Other amyloidosis
284.01	Constitutional red blood cell aplasia
284.09	Other constitutional aplastic anemia
284.1	Pancytopenia
284.2	Myelophthisis
288.00	Neutropenia, unspecified
288.01	Congenital neutropenia
288.02	Cyclic neutropenia
288.03	Drug induced neutropenia
288.04	Neutropenia due to infection
288.09	Other neutropenia
288.4	Hemophagocytic syndromes
288.50	Leukocytopenia, unspecified
288.51	Lymphocytopenia

\*These diagnosis codes were discussed at the March 23-24, 2006 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2006.