

NHSCR Registry Report



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A Very Big THANK YOU!

The staff at NHSCR would like to take this opportunity to thank all of you for helping us meet the call-for-data deadlines from NAACCR, NPCR, and DHHS. As all registrars know it takes a lot of time and effort to prepare data that meet the criteria necessary for the call-for-data. Your willingness to meet timelines and requests is very much acknowledged.

NHSCR Spring 2008 Meeting

The NHSCR Spring 2008 Meeting is scheduled for Friday, April 11th at Cheshire Medical Center in Keene, NH. Please mark your calendars! We are pleased to announce that Deb Perriello of Impac Medical Systems will join us to discuss report creation and data transmissions. We will also be covering results from the NPCR audit. A final agenda will be available this week. We look forward to seeing you all again!

NCRA Conference Scholarships

NHSCR is pleased to be able to offer a number of scholarships for registrars to attend the NCRA Annual Conference to be held in Minneapolis on April 28th to May 1st. National meetings are always a great opportunity for registrars to acquire new information and a wonderful way in which to network with fellow registrars nationwide. To date we have several registrars who have taken advantage of this opportunity and we still have a limited number of scholarships remaining. If you are interested in attending please contact Maria Celaya at 1-800-443-5666.

NAACCR Hospital Registrar Webinars

The remaining Hospital Webinars are listed below. We are looking for hospitals interested in hosting a webinar:

- **Data Quality and Data Use — 5/8/08** This 4-hour class will present ways to evaluate the quality of registry data and ways to use the data. There will be discussion on using NCDB data as comparison data in registry studies. There will be presentations on ways to display data so they are understood. There will be discussion on the importance of using the registry data, ways to encourage facility staff to use the data, and ways that the registrar can show how data can be used.
- **Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data — 7/10/2008** This 4-hour class will include an overview of the anatomy of the upper gastrointestinal (GI) tract as needed to abstract and code upper GI cancer cases; determining the number of primaries and coding histology for upper GI sites; assigning collaborative staging codes for upper GI sites; and treatments for upper GI sites and how to code them using FORDS.
- **Abstracting Other Digestive System Cancer Incidence and Treatment Data—9/11/08** This 4-hour class will include an overview of the anatomy of other parts of the digestive system as needed to abstract and code other digestive system cancer cases; determining the number of primaries and coding histology for other digestive system sites; assigning collaborative staging codes for other digestive system sites; and treatments for other digestive system sites and how to code them using FORDS. The sites covered will most likely include liver, gallbladder, bile duct, and pancreas.

Please call us at 1-800-443-5666 if you are interested in hosting one of these webinars.

Casefinding Update

We are currently in the midst of case ascertainment audits of 2007 pathology so some registries could receive a list of missing cases. Happily, we are finding fewer missed cases than in previous years. Please review and return those 2007 lists (also any outstanding cases from the 2006 pathology audit!) as soon as possible.

Later in the spring we will be conducting another Disease Index audit, this time covering 2006 cases. This will be the same format as the previous DI audit, focusing on cases which may not be captured via path reporting i.e. lung, central nervous system, and hematopoietic sites. We hope to repeat our successful collaboration with registrars and medical records and IT personnel at all NH hospitals.

Recoding and Reabstracting Audits

It is that time of year again that we perform quality assurance activities. In addition to case finding audits, we will resume recoding and reabstracting audits for diagnosis years 2005 and 2006.

- With *recoding* audits, NHSCR staff reviews the first 100 analytic cases reported by a hospital for each diagnosis year under review. Coded variables are reviewed against text provided on transmitted abstracts.
- *Reabstracting* audits involve reviewing 20 cases per registrar, two from five (5) major sites (breast, prostate, lung, colon, and hematopoietic) and 10 from other sites. Coded variables are checked against the original source of data—the hospital medical record.

Feedback on audit findings will be provided. These QA activities are primarily a learning tool for registrars to improve abstracting skills. At our end, we familiarize ourselves with your registry and hospital systems and come to understand your unique situations. Thank you in advance for your cooperation as we request charts to be pulled for these audits!

Nonregistry Hospitals Corner

Abstracting for non-registry hospitals is moving forward and getting back into a regular routine. There are a few straggler cases for diagnosis year 2006 and for the most part we are well into abstracting 2007 cases. As spring approaches and the snow melts more site visits will be scheduled. We would like to thank all non-registry hospital staff for their warm reception when we arrive; charts are always ready and special attention given to providing adequate work space for all of our books and laptops.

WebPlus

Good news! All non-registry hospitals that were interested in receiving computers to assist in reporting rapids have now received their computers. NHSCR staff has met with cancer reporters at non-registry hospitals demonstrating the use of WebPlus and each facility received a packet illustrating how to use this system. Feedback from hospitals to date has been very positive on the ease of use and the user-friendly required fields.

Due to the varying times that each facility started up on WebPlus, NHSCR will continue to use laptops when abstracting out in the field to capture cases that were reported prior to the implementation of WebPlus at the hospitals.

Calling All Registrars...Showcase Your Data!

Do you have extra copies of your facility's annual report? If so, NHSCR would like to display your hospital annual report at the upcoming NH Comprehensive Cancer Collaborative meeting to be held on March 25th and at our upcoming spring meeting on April 11th. Reviewing other annual reports might help generate new ideas and assist new registrars on varying approaches and designs in presenting data. So if you would like to showcase your hard work in cancer data use, please slip a copy in the mail to: NHSCR, PO Box 186, Hanover, NH 03755.

Hints, Tips, and General Points....

As we go through the sea of edits, merging cases, and consolidating the information registrars so thoughtfully transmit each and every month, it struck that maybe, just maybe, some hints and tips would be helpful. With both new and experienced registrars and the plethora of new information we receive to update and learn new ways to code and stage, we all need to be reminded of the small ho-hum “stuff” we type in daily. Some of which are captured through our monthly reports that we send to hospital registrars for additional information or as an FYI.

Patient Name: When typing in names do not use punctuation (FORDS p. 40). Dashes, slashes, hyphens, periods and even a space are all no-no’s. Example: Mary Ellen is incorrect in the patient’s first name. It needs to be either Mary in the first name with Ellen in the middle name, or Maryellen (no space in between Mary and Ellen). NHSCR also runs a name check against sex. If the wrong sex on a case was reported, please let us know by returning the report to us with a notation.

County at Dx: Please verify that the county code is appropriate for the Address at Diagnosis (FORDS p. 48, Appendix E). It will help us all if these errors are avoided from the time the case is abstracted. NHSCR has corrected these in our database and these reports are sent to you for your information. There is no need to return these reports.

Race: Race and ethnicity captures information used in research and cancer control activities (FORDS p. 59). These data items are required per CoC, NAACCR, and NPCR. When an unknown race (code 99) is reported, we try our best to locate the race information from other reporting sources. If we cannot, we send a list of cases back to the reporting hospitals to do additional research to find it. We realize that more often than not, cases reported with unknown race are path-only or physician-only cases and that information on these is very limited. We ask that you please review your hospital records to see if this information is available from previous hospital admissions. If you customarily do this prior to transmitting cases, please let us know and we’ll understand that all sources have been exhausted.

2007 New MP/H-related Data Items: Previously, the new data items related to the MP/H Coding rules were said to be not required. However, we are finding that without this information, we run into a multitude of errors. Please complete these fields for year 2007+ cases. Coding rules for these new data items are available in the MP/H Coding Manual and in the FORDS manual.

Tumor Size: Do not add different sizes together (FORDS p. 100). For those that miss it, lung and breast cases do require a size!

Meningiomas: Benign Meningiomas (and malignant ones, too!) must have site coded to the Meninges.

AJCC and “88”: Please note that NHSCR requires both AJCC and SEER Summary Stage on cases diagnosed prior to year 2004 (FORDS p. 112-123). Please review the AJCC staging manual for cases that have a staging scheme. If a case can be AJCC staged, whether clinical or pathologic, but there is insufficient information to properly classify TNM, the correct scheme to use is TXNXMX with 99 as the group stage. The use of “88” is applicable only to fields that do not have a staging scheme. **Example:** A prostate path-only case where no information is available should be clinically TXNXMX, Stage 99. Do not use “88” (T88N88M88-Stage 88 or TXNXMX-Stage 88, etc.).

NOTE: Collaborative Stage should be used for cases diagnosed 1/12004 and forward. While AJCC staging by a physician is recommended for these cases, it is not required by the NHSCR; registrar staging is acceptable.

Hopefully, this information will be of benefit to the new registrars and a gentle reminder to the experienced registrar. With all the new items that are thrown at us yearly, missing a simple item can create a lot of work for all of us. THANK YOU to all of you, whether new or experienced, for the hard work that you put in!! Without your continued and tireless effort we would not have the high quality data that we do.

Note on Death Certificate Matching

Death Certificates are considered confidential documents in the State of New Hampshire and we are not permitted to distribute the information found on the certificates except to achieve the purposes of the NHSCR. In this regard, we are able to provide you a limited set of information for the cancer cases you reported to us in the past, so that you can help us determine whether we have all the relevant information for these cases.

We have taken cases in our files for the years 2001-2006 where we have a complete social security number and matched them against the NH DHHS death certificate file for the years 2001-2006. If a case in our database had a social security number that was missing, we did not attempt a match. Note that if there was even a one digit difference between the social security number on a death certificate and a case in our database, the match would have failed. We believe that the probability of a false match (e.g., an incorrect social security number on a case in our files matches to a death certificate case with a correct number or vice versa) is therefore very low. As an added check, we added gender to the match criteria.

We will be providing you with three listings of cases that match for your hospital; each list has the name, social security number, sex, date of birth, date of diagnosis, primary site (as reported by your hospital registry), and date of death for all matched cases. First, for deaths where cancer is noted as the underlying cause on the death certificate, we are providing you a list that includes the cancer site identified on the death certificate. We request that you notify us of any instance in which the cancer listed on the death certificate represents a new case that should be reported to us.

The second listing has cases where cancer was noted, but not as the underlying cause of death identified on the death certificate. This list includes the cancer site identified as a contributing or incidental cause on the death certificate. As with the first list, we request that you notify us of any instance in which the cancer listed on the death certificate represents a new case that should be reported to us.

Please remember that the information on these death certificates is confidential, and that it may not be distributed or used for purposes other than those related to the cancer registry. We will provide the listing to those hospitals that request it. Please send your request to Bruce Riddle at bruce.riddle@dartmouth.edu.

NH Cancer Reporting: Completeness and Timeliness Reports

Hospitals with a CoC-approved cancer program may be aware of the clarification made to Standard 3.3 regarding abstracting timeliness. We would like to point out that while the CoC measures timeliness as 90% of cases abstracted within six months of the date of first *contact*, NH Rules requires cases to be reported within six months of the date of *diagnosis*. This difference can be confusing. To assist with our reporting timeline, here is a schedule for year 2008:

1 st Quarter (Jan-Mar)	75% of cases diagnosed in year 2007 are due
2 nd Quarter (April-June)	100% of cases diagnosed in year 2007 are due
3 rd Quarter (July-Sept)	25% of cases diagnosed in year 2008 are due
4 th Quarter (Oct-Nov)	50% of cases diagnosed in year 2008 are due

DHHS News

The NH Cancer Registry rules have passed and are effective January 1st, 2008. A copy of the rules will be provided at our Spring 2008 meeting when our state cancer epidemiologist, Dr. Sai Cherala, presents the updated rules.

Revisions to CS and MP/H Manuals

Collaborative Staging Manual

On October 31, 2007 the Collaborative Staging Task Force released Version 01.04.00 of the Collaborative Staging Manual. If you haven't done so already, please be sure to update your manual. The new manual and replacement pages can be downloaded from the Collaborative Staging website at: <http://www.cancerstaging.org/cstage/manuals.html>

Multiple Primary and Histology Coding Rules

New replacement pages to the Multiple Primary and Histology Rules were issued on November 2007 and February 2008. These pages can be downloaded from the SEER website at: <http://seer.cancer.gov/tools/mphrules/download.html>

NH Registrar Directory

NHSCR will be sending reporting facilities a hospital information questionnaire. This questionnaire will ask for contact information for various departments at your hospital. From the information provided, we will update our directory of registry staff for each of the reporting hospitals. If you do NOT want your information distributed to other registrars, please note that on the form.

NHSCR Advisory Panel

In an effort to restructure the NHSCR Advisory Panel in order to make its membership more relevant, we recently made a call-for-nominations to all registrars at registry hospitals and to cancer reporters at non-registry hospitals to volunteer as members on this panel. We are happy to announce that a couple of cancer registrars have graciously volunteered to serve as members on the NHSCR Advisory Panel. Other members we hope to include are representatives of oncology, pathology, hospice care and other areas relevant to the registry's activities. At the NH Comprehensive Cancer Collaborative (NHCCC) Meeting on March 25th, we will be asking NHCCC stakeholders to volunteer. Then beginning in 2009, the NHSCR Advisory Panel will meet on an annual basis in conjunction with the NHCCC Meeting. We look forward to working with our soon to be named registrars!

Important Dates

- **NHSCR Spring Meeting**
April 11, 2008...MARK YOUR CALENDAR!
Cheshire Medical Center in Keene, NH
- **NCRA Annual Educational Conference**
April 28-May 1, 2008
Minneapolis, MN
www.ncra-usa.org
- **Cancer Surveillance: Epidemiology and Data Utilization**
May 5-7, 2008
Atlanta, GA
<http://www.sph.emory.edu/GCCS/training/>
- **Principles of Oncology for Ca Registry Professionals**
May 12-16, 2008 and December 8-12, 2008
Reno, NV
<http://afritz.org/index.html>
- **NAACCR Annual Meeting**
June 10-12, 2008
Denver, CO
<http://www.naacccr.org/>
- **Principles and Practice of Cancer Registration, Surveillance and Control**
July 21-25, 2008 and October 13-17, 2008
Atlanta, GA
<http://www.sph.emory.edu/GCCS/training/>
- **2007 CTR Exam Testing Window**
September 13-27, 2008
Application due by July 31, 2008
<http://www.ctrexam.org/>
- **CRANE Annual Meeting**
October 27-28, 2008
Burlington, VT
<http://craneonline.org/>

NHSCR 2008 Calendar

April 7-11	National Cancer Registrars Week
April 11	NHSCR Spring Education Meeting
April 27-30	NCRA Annual Meeting - Minneapolis, MN
April 30	Abstract Delay Reports
	Annual Report due to DHHS on HV and DCO
May 2	Provisional 2006 Database, 90% complete
May 13-15	NPCR Program Director's Meeting - Atlanta, GA
May 30	Memorial Day Holiday
June 8-14	NAACCR 2008 Annual Meeting - Denver, CO
June 30	Semi-Annual Progress Report to DHHS
	Abstract Delay Reports
June 30	End of Fiscal Year

Registrar News

- As she approaches new ventures, best wishes to Karen Wilke, Wentworth-Douglas Hospital.
- A big welcome to new registrar Nancy Gacharna, Southern NH Med. Center.



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NHSCR on the Web

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

We continuously aim to improve 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>

WE NEED RAPIDS AND DEFINITIVES EACH AND EVERY MONTH!

Data transmissions should be made at least once a month. The simplest way to transmit is via the website. There's no zipping and it's secure. If you need help, please contact Bruce Riddle at 603-653-1036. He's always happy to help with sending your cases in!

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