NHSCR
Registry Report

VOLUME 10, ISSUE 2
JULY 2010

NAACCR Webinar Series

NHSCR has once again purchased a subscription for the NAACCR 2010-2011 webinar series. The series begins October 2010 and goes through September 2011. Here is the full schedule:

10/7/10	Collecting Cancer Data: Endometrium
11/4/10	Collecting Cancer Data: Hematopoietic Disease
12/2/10	Collecting Cancer Data: Liver and Biliary Tract
1/6/11	Collecting Cancer Data: Brain and Central Nervous System
2/3/11	Collecting Cancer Data: Testis
3/3/11	Collecting Cancer Data: Bladder
4/7/11	Collecting Cancer Data: Breast
5/5/11	Collecting Cancer Data: Prostate
9/1/11	Coding Pitfalls

There is one webinar still remaining in the current 2009-2010 series:

9/2/10	Coding Pitfalls (Parkland Medical Center in Derry, NH)

If you would like to sponsor or attend any of these, please contact NHSCR. All are welcome to attend. A special thanks to those hospitals who have kindly volunteered to host these sessions. Without their help, we would not be able to make these available to all registrars. Please consider hosting at least one webinar during the upcoming 2010-2011 series.

Closing Year 2008: Follow-back begins

Death Clearance

Our annual death clearance is underway! NHSCR has linked the DHHS 2008 death file with the NHSCR database to identify potentially missed cancer cases. The first set of requests for follow-back has been sent to physicians. We expect to have their responses back by mid-late August. We will then begin follow-back to hospitals the first week in September. Please review the patient's medical record and determine if the case is reportable. If a case is deemed non-reportable, please provide a thorough explanation. Remember, all cases seen with evidence of cancer or for cancer-directed treatment are reportable--class of case and residence at diagnosis are **not** determining factors for reportability. NHSCR is again pleased to distribute information from the state mortality files to registry hospitals that perform follow-back! Again, the lists will consist only of your patients, and then only the fact that a cancer-related death has occurred. If cancer was not mentioned on the death certificate we cannot provide you with any death data.

Rapid/Definitive Matching

In August, NHSCR will take all definitive cases reported by hospital for years 2008-2009 and link them to the rapids. We will send you a list of outstanding rapids for you to review. We try to maintain a list of non-reportables for those who send them to us on a regular basis, but realize that we may have missed some. If you find that a case had already been transmitted, we ask that you please retransmit it to ensure its inclusion in our registry.

Abstracting Tips

•**Date of first course treatment:** There are two different data items for 1st course treatment: Item #1260 Date of Initial Rx (SEER) and #1270 Date of 1st Rx (CoC). While registries may choose to collect both items, NHSCR requires only #1270 Date of 1st Rx (CoC). Please note that these items have different definitions. Coding 00/00/0000 in the SEER variable (#1260) means no treatment is the treatment of choice, but for CoC (#1270) it means the case was diagnosed at autopsy. Unless the case is diagnosed at autopsy, please be sure to have a specific date in the CoC field, including the date a decision was made not to treat or treatment declined (by patient or family). If 1st treatment date is unknown, code 99/99/9999.

•**Prostate surgery:** It is necessary to code a TURP to the most specific surgery code. If all you have is that the patient is status-post TURP, then code 21-TURP, NOS is appropriate. Use code 22 if cancer is found during surgery for a benign condition or code 23 if the diagnosis was already established and the TURP was intended for treatment purposes.

•**Breast surgery:** There are rules for what constitutes a simple mastectomy vs. a modified radical mastectomy (MRM). The difference is whether or not an axillary dissection was done as part of the surgery. Do not code a procedure based on "wording" alone. You must interpret what was performed through review of the operative or pathology report, and apply the coding rules. For example, if the operative report states the patient underwent a simple mastectomy, yet the patient also had an axillary dissection, this should be coded to MRM, NOT to simple mastectomy.

•**CS Mets:** If a physician states on dictation or staging form that the tumor is a "M0", use this information to code CS Mets to a 00 rather than a 99. If a consult or discharge summary states that it is an early stage disease, staging rules indicate CS Mets should then be coded as 00 rather than 99 when the clinician proceeds with standard treatment of the primary site for clinically localized or early stage disease.

•**Recurrent bladder cancers:** Per Rule M6, multiple occurrences of bladder cancer are a single primary (same recurrent cancer) if the tumors have any combination of papillary (8050), transitional cell (8120-8124), or papillary transitional (8130-8131), are a single primary. The rules are hierarchical and you stop when you reach the correct rule. Do not go on and abstract separate bladder primaries based on Rule M8; Rule M6 comes first.

Visual Editing and Recoding Audits

Accuracy and completeness of abstracting is of utmost importance to maintain the high quality of data at the NHSCR. We have begun the recoding studies starting with diagnosis year 2009. The first 100 cases transmitted for that year from each hospital are now under review. We are focusing on 21 key data items for each abstract. A data quality report will be generated and registrars will have the opportunity to reconcile errors found on their abstracts. Results will help us identify where training is most needed. As soon as we are done with all 2009 recoding audits, we will schedule site visits to provide feedback on findings.

Visual editing discrepancies arise when a more appropriate code should have been selected for a data item based on submitted documentation. At the risk of sounding like a broken record, here we go again...text, text, text. Text helps us substantiate coded information during the visual editing process! The more you text and the more you use that text to help with your coding and staging, the better the quality of your abstract.

NHSCR is very fortunate to have such an exceptional group of cancer registrars. So far, we are finding that most discrepancies are "house-keeping" edits. Most are very minor issues, and nothing major is going on. So, the visual editing process is a good check and balance process.

Change in Sending Information

Sending patient identifiers through mail, via courier, email, or fax exposes patient information to unnecessary risks. As a policy, NHSCR does not fax, email, or send through regular mail any confidential information. Reports to hospitals have been sent taking several precautions, including using double envelopes noted with confidentiality statements and using a courier to confirm receipt.

Effective August 1, 2010, NHSCR will no longer send any files with patient identifiers (patient lists, edit reports, follow-back forms, etc) via courier. Files to hospitals will be uploaded via the secure WebPlus site where you will be able to download them. In the same way, hospitals can upload files to us via WebPlus by selecting non-NAACCR file type. Besides saving all of us mail charges and envelopes, this new system will be much safer. A detailed set of instruction will be distributed very soon.

Casefinding Audits Update

In order to ensure complete incidence reporting, NHSCR periodically performs casefinding audits. These include annual pathology reviews at all hospital-affiliated NH pathology labs and bi-annual medical record disease indices audits at all NH hospitals.

We believe these to be invaluable exercises as over the years we have seen numbers of missed cases steadily decrease in most facilities. At this point, some registrars have initiated their own monthly or quarterly in-house path or MRDI audit, and some maintain a comprehensive non-reportable list.

Along with Central Cancer Registries across the country, we have recently begun vigorously pursuing those cancer cases which might be lost due to diagnosis/treatment now being performed in physician offices rather than in hospital, and to pathology now being processed/read at national rather than local laboratories. We will be visiting NH dermatology and urology practices, conducting a brief audit and presenting reporting options to them. Physicians and registries who are closely affiliated might wish to establish a mutually beneficial reporting relationship.

All these processes contribute to comprehensive cancer surveillance in our state. We are very grateful to all NH registrars for their continuing collaboration in these activities and we look forward to working with NH medical practice staffs.

NonRegistry Corner

Currently, the NHSCR is completing the abstracting of year 2009 cases. Within the next couple of months we will start abstracting cases for the first half of 2010, so please make sure that all your 2010 rapids have been reported to the state registry.

Most non-registry hospitals now have electronic medical records and almost all have provided us access during our site visits. By giving the registrar access to the electronic record, the abstracting process is streamlined and eliminates confusion as to which documentation needs review and printing. Access is especially beneficial to your hospital as it lessens the hospital staff workload because there is no pulling and filing of records or excessive printing of documents from the electronic record.

Lastly, there are a couple of non-registry hospitals that have shown an interest in allowing us to access their electronic medical records from our office. With the proper confidentiality guidelines and protections in place, this should help expedite the abstracting of cancer cases. Please let us know if this is an option for your facility.

NHSCR Data Quality Meets National Standards

In 1997, the North American Association of Central Cancer Registries (NAACCR) instituted a program that annually reviews member registries for their ability to produce complete, accurate, and timely data. The registry certification program then recognizes those registries meeting the highest standards of data quality with Gold or Silver recognition certificates for each data year. As part of this certification process, the NHSCR submitted its 2007 data for evaluation and feedback last December. In May 2010, the NHSCR was awarded GOLD certification for Quality, Completeness & Timeliness of 2007 Data by NAACCR. This certification allows our data to be included in NAACCR Cancer in North America (CINA) monograph and data set.

In addition to attaining Gold Certification from NAACCR for year 2007 data, NHSCR 2010 submission (1995-2008) data met the CDC NPCR Standards for the Advanced National Data Quality and Completeness Program, National Data Quality and Completeness Program, and the USCS Publication Standard. Meeting these standards allows our state's data to be included in this year's United States Cancer Statistics (USCS) report, indicating the high quality of data available for cancer prevention and control activities at the local, regional, and national levels.

These achievements would not be possible without the continued effort and dedication of all reporting facilities. We are thankful to our cancer reporters for contributing high quality and timely data!

Your Data at Work

We are pleased to showcase work that used NH cancer data:

- Celaya MO, Berke EM, Onega TL, Gui J, Riddle BL, Cherala SS, Rees JR. Breast cancer stage at diagnosis and geographic access to mammography screening (New Hampshire, 1998-2004). *Rural Remote Health*. 2010 Apr-Jun;10(2)1361. Epub 2010 Apr 23.
- Johnson A, Rees JR, Schwenn M, Riddle B, Verrill C, Celaya MO, Nicolaides DA, Cherala S, Feinberg M, Gray A, Rutstein L, Katz MS, Nunnink JC. Oncology care in rural northern New England. *J Oncol Pract*. 2010 Mar;6(2):81-89.
- Armenti KR, Celaya MO, Cherala S, Riddle BL, Schumacher PK, Rees JR. "Improving the quality of industry and occupation data at a central cancer registry. *Am J of Ind Med*. 2010 Mar. [Epub ahead of print].
- Celaya MO, Johnson A, Schwenn M, Riddle BL, Rees JR. "Access to care in rural northern New England." Oral presentation at the NAACCR Annual Conference , June 2010.
- Bruce Riddle also presented a poster at the NAACCR Annual Conference, "Place of Death."

NAACCR 2010 Annual Conference

Quebec City was a lovely setting for the NAACCR trip. Highlights of the meeting include the following:

• Discussion on Collection of Occupational and Environmental Data. All three keynote speakers stressed the importance of gathering the patient's occupational data. This information allows for a better understanding of a patient's exposure, which provides for detailed cancer surveillance findings. For instance, a California study found that construction workers have a higher incidence of lung cancer. A great deal of the discussion was centered on our New Hampshire I/O study, which focused on re-abstracting cases to improve I/O data. We discussed that most often I/O was found on face sheets and also in non-obvious places, for instance in nurse's notes, progress reports, consultations, radiology reports, and H&Ps. NH registrars were made aware of our findings at our Spring 2008 meeting and as a result, only 14% of cases reported afterward lacked any I/O data compared with 75% of diagnosis year 2005 cases. Way to go NH registrars...you rock!

• Updates on the implementation of CSv2: The SEER Registries have been the guinea-pigs in the testing of the CSv2 product. They developed one-day training sessions and focused on Communication, using PDF formats so registrars would have the same information. They also sent daily and weekly test questions. It is a slow process as there is so much information that needs to be learned. Most speakers did say that this CSv2 conversion was "too much too soon". However, they are hopeful that when all is said and done, CSv2 will provide more information to aid in treating patients, in survival of patients, and in research.

If you would like to review the presentations of the NAACCR conference, they will be posted to their website in the coming weeks: http://www.naaccr.org/EducationandTraining/AnnualConference.aspx

NCRA 2010 Annual Conference

This year the annual NCRA meeting was held in beautiful Palm Springs, CA. The conference was very informative, and there was a lot of hand-holding and encouragement that the CSv2 implementation will all work out fine. There were updates from the national standard-setters:

The NCCN (National Comprehensive Cancer Network)/CoC spoke of "Practice Guidelines in Oncology" to help with staging cancers. COC had copies of their 2009 Year in Review. SEER discussed the E-Path system and also data linkage. They also presented their 2010 studies which included Advanced Topics, Field Tests, and Coding Practice Studies for hospital registrars. NAACCR is working on CS Pre- & Post-Rx fields; this has been delayed till 2012. The MP/H rules will be updated in 2011. In 2011, there will also be new data items and 20 new over-ride fields. There will be webinars and special trainings for these. AJCC 7th Edition will be more compatible with the CS. It is colored coded as to changes that have been made. "Mx" will no longer be in any of the staging schemes in the 7th Edition. CS is going to have an on-line resource as of this summer. CAP (pathology) will also be more attuned with CS Staging. CDC-NPCR spoke about all the different features on their website such as US Cancer Statistics, Cyber Cancer Registry, and NPCR Research.

Other speakers were centered on hospital registries. Presentations included Benefits of Concurrent Abstracting, Growing a Cancer Registrar, Bone Marrow Transplant Registry, and Preparing for National Accreditation Program for Breast Centers Survey. We brought back the slides along with some notes. Please let us know if you are interested in receiving copies of these.

NH Completeness Update

NHSCR just finished the Completeness Reports for Year 2009 cases, which were all due July 2010. As of June 30, 2010, we estimate that reporting from hospitals is 74% complete. The next reports will be sent in October for cases reported during July-September. 25% of year 2010 will be due at that time. We understand there are many NAACCR 12 conversion issues, so please let us know if you are struggling to meet this reporting deadline. We are happy to work with you on resolving difficulties that you may experience.

Tri-State Meeting

NHSCR is very excited to announce that we will be collaborating with Maine Cancer Registry, Cancer Registrars of Maine, and Vermont Cancer Registry to provide this year's training. This tri-state meeting will be held September 20-21 in Portland, ME. More information is coming. For now, please save the date.

NH Registrar Directory

Thanks to all who returned the survey on hospital-specific demographics and processes. We will put this information together and for those giving us permission to publish their contact information, we will provide a directory at our Fall 2010 meeting in September.

NAACCR Version 12 Update

•**Software conversion:** Many registry hospitals have now undergone conversion or will be converting in the near future. NHSCR plans to convert in early September. We are asking hospitals to continue transmitting cases. We will hold off on loading them into our database until we convert. If you have cases with errors due to conversion, please keep track of them. We will try to fix them before loading, but may ask hospitals to retransmit those with errors.

•**FORDS 2010:** We are close to finalizing our list of required data items. Again, our plan is to use FORDS 2010 as a basis for the NHSCR Data Collection Manual. We will present those at the Fall 2010 meeting in Portland, ME.

•**Hematopoietic and Lymphoid Rules:** A revised version of the Hematopoietic DB and 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual is now available on the SEER website. The new version (v1.4) includes corrections to the Hemato DB and to the Manual, including the requested corrections to the flowcharts. A complete list of the corrections is posted on the SEER website. It can be downloaded at: http://seer.cancer.gov/tools/heme/index.html

Important Dates—Mark Your Calendar!

2010

•8/5	Webinar: Lip & Oral Cavity
•9/2	Webinar: Coding Pitfalls
•9/6	Labor Day Holiday
•9/20-21	Tri-State Education Meeting-Portland, ME
•9/30	CRANE Educational Meeting
•10/7	Webinar: Endometrium
•10/12-14	RMCDS Annual Meeting-Boulder, CO
•10/12-14	International Assoc of Cancer Registries Yokohama, Japan
•10/25-26	2010 CRANE Annual Meeting-Nashua, NH
•10/30	Quarterly Completeness Reports
•11/4	Webinar: Hematopoietic Disease
•11/7	Daylight Saving Time Ends (Sunday)
•11/25	Thanksgiving Holiday
•11/26	Day after Thanksgiving
•12/1	NAACCR/NPCR Call-for-Data (2008 DX year)
•12/2	Webinar: Liver & Biliary Tract
•12/23-31	Christmas Holiday & Winter Break

2011

•1/1	New Year's Day
•1/6	Webinar: Brain & CNS
•1/31	NPCR CSS Submission (12 month)
	Final 2008 Data, 95% complete
	Provisional 2009 Data, 95% complete
	Quarterly Completeness Reports
•2/1	Semi-Annual Progress Report Due to DHHS
•2/4	Webinar: Soft Tissue Sarcoma and Gastroin testinal Stromal Sarcoma
•2/21	President's Day Holiday
•3/3	Webinar: Bladder
•3/13	Daylight Saving Time Begins (Sunday)
•4/7	Webinar: Breast
•4/11-4/15	National Cancer Registrars Week
•4/30	Annual Report due to DHHS on HV and DCO
	Provisional 2009 Data, 90% complete
	Quarterly Completeness Reports
•5/5	Webinar: Prostate
•5/15-5/18	NCRA 37th Annual Meeting-Orlando, FL
•5/30	Memorial Day Holiday
•6/18-6/25	NAACCR 2011 Annual Meeting-Louisville, KY

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NHSCR on the Web

Please visit at: **http://dms.dartmouth.edu/nhscr/**
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

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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 603-653-6620. He's always happy to help with sending your cases in!

This project was supported in part by the Centers for Disease Control and Prevention's National Program of Cancer Registries, cooperative agreement U58/DP000798 awarded to the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, Office of Health Statistics and Data Management. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or New Hampshire Department of Health and Human Services.