

NHSCR Registry Report



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Data Deliverables

We would like to thank all of you for sending high quality, timely data transmissions. NHSCR staff was hard at work processing and editing year 2009 data for the NAACCR call-for-data due Dec 1, and year 2010 data for the NPCR deliverable due January 1. We are now working on closing out year 2010. Soon we will send the rapid/definitive unmatched case list, 2010 death clearance follow-back, and other quality assurance reports. Your timely response to our follow-back efforts are greatly appreciated!

NHSCR Advisory Committee

Some of you may already know that NHSCR has an Advisory Committee made up of individuals representing organizations interested in supporting the central cancer registry's role in cancer prevention and control. Our Advisory Committee includes representation for registry hospitals (Shirley Foret, Southern NH Med Center and Cheryl Bernier, Concord Hospital), and non-registry hospitals (Marilyn Thorson, Alice Peck Day Memorial Hospital). NHSCR holds the Advisory Committee meeting once a year during the NH Cancer Control Collaboration annual meeting. Our 3rd annual meeting will be held this Wednesday, March 21st during the lunch break. If you have a particular topic that you would like us to discuss, please contact us or one of the representatives for your facility type.

NHSCR Contract with DHHS

We are happy to announce that our contract with NH DHHS to run the NH State Cancer Registry has been renewed. Thanks to all of you for providing timely, high quality data, because this helps us fulfill the terms of our contract with DHHS.

NHSCR Staff Update

Christina Robinson, NHSCR Field Auditor, recently retired after 25 years of service at Dartmouth Medical School. Having worked 12 years as a cancer registrar at Mary Hitchcock Hospital, Christina was recruited in 1988 by Dartmouth Medical School to become a research coordinator for a number of its multi-discipline clinical trials and case-control studies. Through these projects, she established an extensive rapport with providers throughout New Hampshire. Christina was hired by NHSCR in 2003 to coordinate rapid case ascertainment for an NIH-NCI bladder cancer study and then continued full-time on our team as field auditor, performing case ascertainment audits at NH hospitals, pathology labs, and other cancer providers. She was an invaluable asset to our team and we will miss her greatly. We wish Christina all the best in her retirement.

We are also pleased to announce that NHSCR has hired Dawn Nicolaidis, formerly from the Maine Cancer Registry, as a contractor to work part-time and assist with data processing. Dawn is currently consolidating merged cases and will soon begin working on other QA activities.

We would also like to introduce Lisa's doggy, Ashes. Ashes is shown here shortly after undergoing surgery for removal of a Mast cell tumor on her hind leg. We are happy to say that she is doing wonderful now; her cast is off, and the tumor has not recurred.



Quality Assurance Activities

GenEdits

We found a number of common errors when we put data through edits. Here a couple of big ones:

- *Breast CS SSF 15*: If any of SSF 9, 11, 13, or 14 are NOT coded to 988, 998, or 999, then CS SSF 15 cannot be coded to 998 or 999. In other words, SSF 15 is based on SSF 9, 11, 13, and 14. If the test interpretation is known for any of the HER2 tests (IHC, FISH, CISH, or other), then it is possible to code a summary of the results in SSF 15.
- *Grade for hematopoietics*: Certain hematopoietic and lymphoid neoplasms must be coded to a specific grade. For example, multiple myeloma (9732/3) must be coded to grade 6. The Hematopoietic Coding Manual provides “Grade Coding Rules that guide the registrar to code the cell line origins including coding the specific type when both null cell and a specific type such as T-cell are stated in the diagnosis.” Grade of Tumor rules (G1-G11) are provided in flowchart, matrix, and text formats. Please refer to the manual prior to coding grade 9 (unknown).

Recoding Audits

Year 2010 is done and results were provided to registrars during our site visits. The overall accuracy was excellent - 98%! We have begun the 2011 recoding audits, which consist of reviewing the first 100 analytic cases reported by each registry hospital. We will continue to perform visual editing on every case for registrars not achieving at least a 98% accuracy rate.

Reabstracting Audits

As mentioned in the CER update below, we will be performing reabstracting audits on 2011 data. These will focus on the three key sites: breast, colorectal, and CML.

Casefinding Audits

- *Pathology Reviews*: We are now closing out year 2010 path reviews and have begun review of year 2011. We are aiming to finish by the end of May to ensure all 2011 cases are reported by the end of June. As part of this effort, we are auditing ePath reports through eMarkPlus for national and NH laboratories that have submitted electronic path reports in HL7 format.
- *Medical Record Disease Index*: We will begin our annual MRDI audit as soon as the path audits are complete. If you already review the MRDI at your facility, please send your list for year 2011 with your notes (reportable/ abstracted, not reportable, etc.) so that we know you have done it and can use your results. If we do not have one on file, we will be requesting a list from your hospital.
- *Physician practices*: Part of the new NPCR standards requires all state registries to make a big effort to improve physician office reporting, where the cases are not reported via a hospital registry. NHSCR will conduct site visits to enlist new or non-reporting physicians, audits to confirm reporting, and follow-back to capture missed cases. The workload for the new process will be distributed over time: NHSCR will enhance dermatology & urology reporting during 2012; establish reporting from gastroenterology in year 2013; and medical oncology, radiation oncology, and hematology in 2014.

Comparative Effectiveness Research Project and 2011 Cases

NHSCR staff have begun data collection and review of the new CER non-NAACCR standard data items for breast, colorectal, and CML of NH residents diagnosed in year 2011. Claire is currently reviewing these three target sites to begin with, and so far the data quality is very well done. The 2011 recoding audits will be the second phase of our review. These will follow the similar format of past reviews. The final phase of Year 2011 CER data quality will be the reabstracting audits. Here we will aim to collect missing data as well as check reported data against the source record. We would like to thank everyone who is collecting the new CER data items!

Completeness Reports

All registry hospitals should have received their quarterly completeness reports noting cases received as of December 30, 2011. The next reports will be generated in April and will cover definitive reports transmitted Jan-Mar 2012. At that time, 75% of year 2011 cases will be due (*see Table 1, on page 5*).

Training Opportunities

NAACCR Webinars

We continue to provide the NAACCR Webinar Series. Here is a schedule of the remaining webinars:

- 4/5: Collecting Cancer Data: Lower Digestive System, hosted by Elliot Hospital
- 5/3: Collecting Cancer Data: Lung...host still needed!
- 6/7: Using and interpreting Data Quality Indicators, hosted by Elliot Hospital
- 7/12: ICD-10-CM and Cancer Surveillance... host still needed!
- 8/2: Collecting Cancer Data: Melanoma of Skin...host still needed!
- 9/6: Coding Pitfalls...host still needed!

A special thanks to those hospitals who have kindly volunteered to host these sessions. Please consider hosting at least one webinar in the remaining series. To host or attend any of these, please contact maria.o.celaya@dartmouth.edu.

Conference Webinars

Are you interested in holding regular conference calls (e.g. monthly, quarterly, etc.) to share ideas on hospital or central registry operations? If there is enough interest, we can set up a LiveMeeting. Please contact Maria Celaya if you are interested in taking the lead in presenting a topic of your choice or if you have any suggestions for discussion.

One-on-One Training for Registrars

It was great seeing many of you at our recent site visits. If you would like a site visit to discuss training needs, or if your facility has a new registrar who needs to get started on registry processes, we are happy to help. Contact your NHSCR-assigned registrar and we'll arrange a site visit.

Share Your Knowledge

NHSCR would like to expand our newsletter to include articles on topics suggested from NH registrars. Sharing your experience with other registrars can be a great way to provide useful information to your NH colleagues. Registrars can benefit from and appreciate the helpful information, reviews, tips, and announcements. For example, your insight can help other registrars simplify a registry process. If you would like to suggest ideas for articles to the NHSCR Registry Report please contact Maria. We are particularly interested in the following topics:

- How are you involved in your community?
- Did you participate in any cancer-related activities (e.g. ACS Relay for Life)
- Do you have a success story to share?
- How is your data used to impact public's health?
- Do you have a system in place to help in data collection and abstracting?

NHSCR Website

You may have seen by now that the NHSCR website has been updated to include a number of training material related to CER data collection. Please continue to visit our website:

http://dms.dartmouth.edu/nhscr/registrars/whats_new/

We will periodically post new training material, including a Data Collection Sheet that facilitates the gathering of chemotherapy information (e.g. planned and received doses, dosage, and units).

Save the Date!

NHSCR will be holding its annual educational meeting on Friday, September 21st. We are in the process of developing an agenda and hope to include topics suggested at our recent site visits. So, more details will follow as arrangements are finalized.

HemeRX instructions (Other treatment) 2012 Manual

Reporting Phlebotomy, Blood-Thinners/Anti-Clotting Medications, and Transfusions as Treatment *(per NPCR Trainer's email 3/8/12)*

There are additional MP/H rules that are now official. CDC received these instructions from SEER as part of the SEER, CoC, StatCan and NPCR workgroup:

Do **not** collect blood transfusions (whole blood, platelets, etc.) as treatment for any of these diseases. Blood transfusions are used widely to treat anemia and it is not possible to collect this procedure in a meaningful way.

Note: This is a new instruction for cases diagnosed 1/1/2012 and later

Collect phlebotomy for polycythemia vera **ONLY**.

Note: This is an addition to the 2010 instructions.

Collect blood-thinners and/or anti-clotting agents for

- 9740/3 Mast cell sarcoma
- 9741/3 Systemic mastocytosis
- 9742/3 Mast cell leukemia
- 9875/3 Chronic myelogenous leukemia BCR/ABL1 positive
- 9950/3 Polycythemia vera
- 9961/3 Primary myelofibrosis
- 9962/3 Essential thrombocythemia
- 9963/3 Chronic neutrophilic leukemia
- 9975/3 Myelodysplastic/myeloproliferative neoplasm, unclassifiable

Note: This is an addition to the 2010 instructions.

Important Dates—Mark Your Calendar!

- 3/21 NHCCC Annual Conference
NHSCR Advisory Committee meeting during lunch—Concord, NH
- 4/5 **Webinar:** Collecting Cancer Data: Lower digestive System
Elliot Hospital, Manchester, NH
- 4/9-4/13 National Cancer Registrars Week
- 4/18-4/21 NCRA 38th Annual Meeting
Washington DC
- 4/30 NHSCR Provisional 2011 Data, 90% Complete
- 4/30 Quarterly Completeness Reports to Hospitals
- 5/3 **Webinar:** Collecting Cancer Data: Lung
- 5/28 Memorial Day Holiday—NHSCR closed
- 6/7 **Webinar:** Using and Interpreting Data Quality Indicators—Elliot Hospital, Manchester, NH
- 6/2-6/8 NAACCR 2012 Annual Meeting
Portland, OR
- 7/12 **Webinar:** Collecting Cancer Data: Lung
- 8/2 **Webinar:** Collecting Cancer Data: Melanoma of Skin
- 9/6 **Webinar:** Coding Pitfalls
- 9/21 NHSCR Annual Meeting—more info soon!

Registrar Resources

[New Edition of the CASEbook](#) April Fritz has released the Second Edition of the Cancer Registry CASE-book. This workbook is a great abstracting resource. The original version has been updated to incorporate CS version 02.03, TNM 7th Edition, Hematopietic Multiple Primaries Rules, and updated exercises and rationales. It is available through April's website at: www.afriz.org/casebook.htm

[Cyber Cancer Registry](#) NPCR has a new tool available for cancer registry staff. The Cyber Cancer Registry is an interactive virtual registry system that provides new cancer registrars practice in abstracting. It can also be used by experienced registrars as a refresher course for learning new abstracting coding principles. The Cyber Registry is available at: www.cdc.gov/cancer/npcr/training/ccr.htm

[Collaborative Stage Data Collection System: Updated Version](#) The CS Version 2 team has released version 02.04 of the Collaborative Stage System. CSv2 version 02.04 is effective with cases diagnosed as of January 1, 2012. Once implemented, it should be used to code all newly abstracted cases diagnosed as of 2004. Please visit the following website for additional information: <http://cancerstaging.org/cstage/index.html>

Table 1. NHSCR 2012 Timeline for Reporting

**NHSCR DATA SUBMISSION SCHEDULE
FOR CASE SUBMISSIONS IN 2012**

2012 QUARTER	1st			2nd			3rd			4th		
	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUNE 2012	JULY 2012	AUG 2012	SEPT 2012	OCT 2012	NOV 2012	DEC 2012
DUE DATE												
DEFINITIVE REPORTS 2011 Analytic Cases	JULY 2011	AUG 2011	SEPT 2011	OCT 2011	NOV 2011	DEC 2011	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUNE 2012
RAPID REPORTS Dx Years 2011-2012	DEC 2011	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUNE 2012	JULY 2012	AUG 2012	SEPT 2012	OCT 2012	NOV 2012
Percent Expected	75% of 2011			100% of 2011			25% of 2012			50% of 2012		
T&C Review (reports sent to hosp)	APRIL 2012			JULY 2012			OCTOBER 2012			JANUARY 2013		

Note 1. Definitive cases are due 180 days from the date of initial diagnosis.

(e.g. cases diagnosed in July are due in January; 75% of cases diagnosed in 2011 are due by end of March.)

Note 2. Rapid cases are due 45 days from the date of initial diagnosis.

(e.g. cases diagnosed July 1st are due by November 15.)

Note 3. Due date is the transmission month in which cases are due.

Cases submitted during these months are included in the T&C review.

Note 4. T&C Review is the month in which NHSCR will review timeliness and completeness of case reporting and provide reporting facilities with reports.

Completeness monitors ALL case submissions up to the quarter being reviewed.

Timeliness monitors the time lag between diagnosis date and date case received at NHSCR.



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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>

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!

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