

NHSCR Registry Report



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Note from the Director

Although the economy is challenging for us all, New Hampshire continues to do well in collecting cancer registry data! We again received Gold certification from NAACCR, which means that you are collecting high quality data, and we appreciate that very much in these difficult times. Thank you!

This year, we were able to provide de-identified data for an international cancer survival report called CONCORD-2, and will let you know when we hear about a publication date. Dr Monawar Hosain, our state cancer epidemiologist, is developing cancer incidence reports as a top priority, and we will let you know about those too.

A quick shout out to our newly qualified CTRs in New Hampshire – Paula Bryant (2012), Tracy Anoli (2013) and Suzan Spear (2013)...Congratulations!

Best wishes for a happy Fall,
Judy Rees

NHSCR Staff Changes

Our latest CTR, Erich Hart, accepted a position working remotely from home. We are grateful for the wonderful job he did for us when he was here and for enduring a 90 minute (each way) daily commute! He is an exceptional abstractor. We wish him all the best in his new endeavor.

NHSCR will soon post a job opening for a CTR position. The primary function of this position will be to abstract at non-registry hospitals and non-hospital facilities, which entails a lot of traveling around New Hampshire. Ideally we would like to hire somebody full time but will consider a part time position. We may also consider hiring on a contractual basis. If you or anyone you know is interested, please contact Maria Celaya.

CER Project Update

We are happy to announce that our 3-year Comparative Effectiveness Research (CER) Project has ended. In-depth treatment information will no longer be collected for breast, colorectal, or CML cases. However, we will continue to collect height, weight, complications/comorbidities, and smoking beyond 2011. Please continue to collect this information on all cases.

As mentioned earlier this year, the CDC would like to further enhance the 2011 CER data by collecting follow-up information for breast and colorectal cancers diagnosed in 2011 only. We anticipate data collection will be minimal, consisting of recurrence, progression, and yes/no subsequent treatment. Some facilities prefer collecting the information themselves, while others would like NHSCR staff to collect it. As soon as we hear from CDC that the project is to be started, we will contact you again.

The CDC is preparing the 2011 data for use by researchers, and the data will be stored within the Research Data Center. The RDC will be responsible for data release through a standard application process. Everyone is encouraged to promote the use of this valuable dataset. Please share this with your cancer committee, tumor boards, etc.

Closing out DX Year 2012

It's that time of year again. We are now finalizing year 2011 and closing out year 2012. During the next several weeks we will be sending a few follow-back requests:

- Death clearance
- Path reviews
- Medical Record Disease Index reviews
- Rapid/Definitive matching
- Missing Ht, Wt, Smoking

If you have any straggler 2011-2012 cases, please submit them no later than October 31st. It is imperative that we have both years completed by then so we have ample time to process them for the annual Call-for-Data due December 1.

Data Processing Edits

NPCR began their new round of audits last year. During the next 4 years, they will audit 10 different NPCR-funded states each year. Ten state registries were audited last year (Year 1). We are not sure when NH will be audited in this 5-year cycle, but we are taking steps to ensure our registry is in compliance with NPCR. At last year's NHSCR Fall meeting, we provided an overview of these new NPCR Data Quality Evaluations. The purpose of the evaluations, or audits, is to assess the quality of data within the central cancer registries. The assessment is based on text documentation, data consolidation, and assessment of data quality. The results will be used to identify training needs for data reporters as well as staff at the state registry. With this, we would again like to emphasize the importance of documenting sufficient TEXT to support coded information within the abstract. We often have codes that are not substantiated by text, but we would prefer to trust our registrars than change a known value to unknown simply because the text is missing. However, we are not sure that NPCR will accept this reasoning. Please, it is very important to text! A rule of thumb: you should be able to take the text from an abstract and fully code every data item. If it can't be done, then there is not enough text! We have begun our own recoding audits for year 2011 cases. As soon as they are completed, we will be sending reconciliation files to each of the registry hospitals.

NPCR Audits and NHSCR Recoding Audits

Every month as we process data transmissions, we come across a few common problems that we share with you. Here are the latest:

- *Address at DX*. As stated on page 13 in Section One: Case Eligibility & Coding Principles of the FORDS, please put the street number and then the street address. The apartment number does NOT go first. The apartment number, unit number, etc. goes on the Address Supplemental line, as does PO Box number. If there is no street address, please put UNKNOWN for Address at Diagnosis, and record the PO Box address in the address supplemental data field. Please, do not put "NO ADDRESS" or leave blank. This may have been used years ago, but it is not used now.
 - *Treatment Status*. If any treatment is given, do not use code 2-Active Surveillance. There is actual treatment or surveillance, one or the other.
 - *CS fields*. Beginning with DX Year 2014, all CS fields must be filled in. It doesn't matter what the class of case is. If the case is non-analytic and no information is available, the CS fields should default to unknown.
 - *CS Mets*. If CS Mets is coded to 00, no metastasis present, then the CS fields-Mets for Bone, Brain, Liver, and Lung must be coded to 0. We are seeing many cases being coded as 9s when there are no mets. Also, please check the site code as the fields might possibly need to be coded to 8's as would be the case for lymphomas and leukemias. Benign Brain should be coded to 0.
 - *Obsolete Histology ICD-0-3 Codes*. A number of hematopoietic and lymphoid histologies are obsolete. Please be sure to check the SEER website: <http://seer.cancer.gov/tools/seerrx/> Hematopoietic Project/Hematopoietic and Lymphoid Database. You can either put in the code that is obsolete or the exact text to get the correct, new code.
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NAACCR Webinar Series

NHSCR is happy to announce that we will once again offer the NAACCR webinar series for 2013-2014. The series begins soon, so please consider hosting a session (or sessions!). Also, recordings of these webinars are available a week or so after they take place. If you wish to have access to them, let us know and we'll get them to you. In the past, CEs have been approved for each of these sessions. An application for CE hours has been submitted to NCRA for this new series.

- 10/03/13 Collecting Cancer Data: Lip and Oral Cavity
- 11/07/13 Collecting Cancer Data: Prostate
- 12/05/13 Collecting Cancer Data: Ovary
- 01/09/14 Collecting Cancer Data: Gastrointestinal Stromal Tumors (GIST)
(hosted by Elliot Hospital)
- 02/06/14 Collecting Cancer Data: Treatment Data
- 03/06/14 Abstracting and Coding Boot Camp: Cancer Case Scenarios *(hosted by Elliot Hospital)*
- 04/03/14 Collecting Cancer Data: Melanoma
- 05/01/14 Collecting Cancer Data: Colon and Rectum
- 06/05/14 Collecting Cancer Data: Liver
- 07/10/14 Topics in Survival Data
- 08/07/14 Collecting Cancer Data: Lung *(hosted by Elliot Hospital)*
- 09/11/14 Coding Pitfalls

New Center for Cancer Registry Education by NCRA

The Center for Cancer Registry Education provides easy access to high-quality and educational programming to support both seasoned professionals and those new to the cancer registry field. The website offers a variety of products and services, allowing Cancer Registrars to tailor their training and manage CE credits. Visit the site and take a complementary Learning Module to earn a free CE credit! www.CancerRegistryEducation.org Use your NCRA Website member log-in and password. Questions? Call 703-299-6640 ext. 317 or email ccre@ncra-usa.org

TEXT * TEXT * TEXT * TEXT

Texting helps validate the codes you use. We love TEXT. Texting is our friend!!

If you haven't heard it already, NCRA has several FREE Podcasts on their education website. We highly recommend listening to the 2-minute Podcast on the importance of text. Go to <http://www.cancerregistryeducation.com/resources> and click "Coding Best Practices"

WebPlus Update—v13

NHSCR converted to NAACCR v13 without any huge complications. Claire is busy processing the 2013 cases and we should have reports out to you soon. As mentioned in our email dated August 1, we are expecting a new version of WebPlus that will have a box for NAACCR 13. In the meantime, please continue to check the NON-NAACCR box on the upload page. For the CER items, Elekta has included them within the NAACCR (NH) format in Metriq so only one file has to be sent to us instead of the 2 separate transmissions you were used to sending from Metriq before the conversion.

File Uploading to WebPlus

Don't forget to periodically check WebPlus for files that NHSCR may have uploaded for you to download. The "big" uploads are typically on a quarterly basis, but we may send monthly files as we prepare for the call-for-data. The last upload was done Sept 12, and the next one will be by Oct 11th.

News From National Standard-Setters

SEER*Rx Updated August 2013

Per SEER, a comprehensive review of the Federal Drug Administration (FDA) as well as other resources have provided information for the August 2013 update to SEER*RX. No drugs have changed categories as a result of this update. For all changes included in the August 2013 release visit <http://www.seer.cancer.gov/tools/seerrx/revisions.html>

Update on Collaborative Stage requirements

Most of you have heard the news on CS Data Collection. National standard setters have determined that it is not feasible to continue support of CS beyond 2015. Effective with diagnosis year 2016, CS will no longer be required and registrars will directly-code AJCC TNM and SEER Summary Stage. (Yes, we know this is sad for all!) During 2014 and 2015, we will work with our registrars to provide resources and support for training to ensure the continued collection of high quality stage data.

In the meantime, CS v2.05 effective for year 2014 cases has made a huge change - many of the Site-Specific Factors will be discontinued. If your facility wishes to continue collecting data for these SSFs, it is the responsibility of that facility to ensure its software vendor maintains these SSFs. For more information on this change and for the list of discontinued SSFs, please visit the CS website at <http://cancerstaging.org/cstage/>

FORDS: Revised for 2013

We are aware that the FORDS (NH's Data Collection Manual) on our website is based on the Revision for year 2011. We have not updated it because the changes in 2012 were not significant enough to warrant redoing the manual. The changes in the 2013 Revision are also minimal, so we will wait for the next FORDS revision to be released before updating the online manual. Here are the new changes:

- *Country at* Country was added to Address at Dx, Address-Current, and Birthplace.
- *Secondary Diagnoses.* ICD-9-CM codes should continue to be collected in Comorbidities and Complications. ICD-10-CM must be recorded in the new fields, Secondary Diagnoses #1-10.
- *MP/H Data Items.* Beginning with diagnosis year 2013, the data items related to MP/H are no longer required.

Ambiguous Terminology Diagnosis

Date of Conclusive Diagnosis

Date of Conclusive DX Flag

Date of Multiple Tumors

Date of Mult Tumors Flag

Type of Multiple Tumors Reported as One Primary

Multiplicity Counter

ICD-O-3 Changes

It has been announced that a second edition of ICD-O3 will be published by the World Health Organization in 2013. As well as correcting a number of errors in the first edition, this revision will provide the updated and amended codes for CNS, gastrointestinal and hematological cancer provided in the September 2011 update to ICD-O-3. A spreadsheet with those updates may be found at: <http://www.who.int/classifications/icd/updates/ICDO3Updates2011.pdf>

This document provides a listing of all official additions, changes, and revisions to the International Classification of Diseases for Oncology, third edition (ICD-O-3) as of Sept 01, 2011 and has been approved by the IARC/WHO Committee for ICD-O-3. The changes became valid from January 1, 2012.

Implementation of these ICD-O-3 changes within the cancer surveillance community is being discussed and details on the timeline for implementation will be shared when available.

NEW HAMPSHIRE

New Hampshire State Cancer Registry

Colorectal Cancer Screening in New Hampshire

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

Public Health Problem: In 2012, we presented data on the collaborative work between the New Hampshire Cancer Registry and the New Hampshire Colorectal Cancer Screening Program (NHCRCS). Many of these cancers are potentially preventable, and late stage cancer is a particularly important target for prevention. The importance of screening individuals from age 50 tends to be publicized more than screening in the older population, and it is not widely understood that screening should continue until at least the mid seventies.

Use of Surveillance: Registry data had shown previously that nearly two thirds (62%) of colorectal cancers were in the 65 and older age group, and a similar proportion of those cancers diagnosed at late stage were in this older age group. Similar data have been found in subsequent years.

Collaboration: In 2012 and 2013, small media, posters and flyers, were designed to encourage colorectal screening in this older age group.

Public Health Outcome: We now report expansion of the publicity campaign in New Hampshire through a variety of organizations. AARP (founded in 1958 as the American Association of Retired Persons) distributed flyers at various venues throughout the state including the Society of Human Resources conference, 'Wise Use of Medicine' presentation in Concord, and at a volunteer's meeting. Service-Link mailed 250 flyers to their clients from their Rockingham, NH office, and the City of Manchester Retirees mailed 725 flyers with pay stubs to their members. We will assess colorectal cancer screening rates in different age groups through the next Behavioral Risk Factor Surveillance Survey, which will be available next year.



NCRA's Council on Certification Updates to CTR Exam

The National Cancer Registrars Association's (NCRA) Council on Certification initiated a Job Analysis of cancer registry professionals in 2012. The Job Analysis endeavored to summarize and confirm the necessary knowledge, skills, and abilities that define the cancer registry profession. The results of the analysis validated the content of a credentialing exam.

The Administrator of NCRA's Council on Certification, Debbie B. Chambers, CTR, noted that Cancer Registry professionals collect the data that inform cancer treatment, prevention, and research programs. Therefore, it is critical that the CTR credential continues to serve as the standard of professional excellence in the cancer registry field.

The 2012 Job Analysis identified the essential job tasks of cancer registry professionals and the knowledge base needed to accurately perform those required tasks and provided recommendations to be implemented beginning with the 2014 exam. These include updating exam content and weighting. There will be a reduction in the number of exam questions. (See chart below.) The Council will conduct further research to determine the feasibility of offering additional certifications. Funding for NCRA's Job Analysis was made possible in part by the Centers for Disease Control and Prevention (US58-DP11-1108). Additional information can be found at www.ctrexam.org

	2007 to 2013 CTR Exam	2014 CTR Exam
Number of Questions	250	225
Number of Questions/ Closed-Book Portion	200	180
Number of Questions/ Open-Book Portion	50	45 (Open book questions focused on coding and staging)
Exam Content and Weighting	Domains of Practice *Registry Organization & Operations (25%) *Data Management & Analysis (20%) *Concepts of Abstracting, Coding & Follow up (35%) *Application of Coding & Staging (20%)	Domains of Practice *Data Collection (53-57%) * Case Finding * Abstracting * Follow-up survivorship & Outcomes *Data Quality Assurance (10%) *Analysis and Data Usage (10-14%) *Operations & Management (8%) *Cancer Committee and Conference (10%) *Activities Unique to Centralized Registries (5%)

New NPCR Standards

CDC-NPCR requirements for cases diagnosed on or after January 1, 2014 have been finalized. As a result of these requirements, beginning with cases diagnosed on or after January 1, 2014, NHSCR will no longer require four data items: Grade Path Value, Grade Path System, SSF10 for Breast, and SSF12 for Breast. All previous CS requirements remain in effect.

Stage 2 of Meaningful Use

As mentioned in our last newsletter, the new standards released by the CDC National Program of Cancer Registries included the increase of electronic reporting by non-hospital sources, including reporting of cancer by urologists, dermatologists, gastroenterologists, medical oncologists, radiation oncologists, hematologists, and independent surgeons. The target is 10% increase per reporting year. We have identified all physicians in these fields within the state of NH. We are currently working with the NH HIE to encourage physicians to report through Stage 2 of Meaningful Use.

CRANE Annual Meeting

The Cancer Registrars Association of New England will be holding its annual meeting at the Grappone Center in Concord, NH on October 28-29, 2013. NHSCR is working on a plan to incorporate our NH-specific meeting into the program. Thanks to everyone who completed the survey regarding the CRANE meeting! We will let everyone know soon what type of Fall educational activity we will make available to our registrars.

Completeness/Timeliness

Below is a schedule for Quarter 4 of year 2013. Note that 50% of your 2013 cases are due by the end of December. Please continue transmitting cases every month. By now, you should be finishing up cases diagnosed Jan-Mar 2013.

<u>Reporting Month</u>	<u>DX Month</u>
Oct	Apr 2013
Nov	May 2013
Dec	June 2013

NHSCR Calendar

2013

10/28-10/29	CRANE Annual Meeting
10/30	Quarterly Completeness Reports
11/3	Daylight Saving Time Ends (Sunday)
11/28-11/29	Thanksgiving Holiday
12/1	NAACCR Call-for-Data—2011 DX year NPCR Call-for-Data—2012 DX year
12/23-31	Christmas Holiday & Winter Break

2014

1/1	New Year's Day Holiday
1/31	NPCR CSS Submission –12 month DHHS Final 2011, 95% complete Provisional 2012, 95% complete, NH Quarterly Completeness Reports
2/17	President's Day Holiday
3/30	NHSCR Spring Newsletter
3/9	Daylight Savings Time Begins (Sunday)
4/7-11	National Cancer Registrars Week
4/30	Provisional 2012, 90% complete Quarterly Completeness Reports
5/15-5/18	NCRA 2014 Annual Meeting Nashville, TN
5/26	Memorial Day Holiday
6/21-27	NAACCR 2014 Annual Meeting Ottawa, Ontario, Canada
6/30	End of Fiscal Year

Observances 2013*

October

- National Breast Cancer Awareness Month

November

- Lung Cancer Awareness Month
- Pancreatic Cancer Awareness Month

*For the full Cancer Awareness Calendar, visit the American Cancer Society website at <http://www.cancer.org/aboutus/whoware/cancer-awareness-calendar>



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NHSCR on the Web

Please visit at: <http://geiselmed.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!

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