NHSCR

Registry Report

Volume 14, Issue 1
April 2014

NHSCR New Staff

NHSCR is very pleased to announce two new additions to our staff! Pauline McGinn comes to us with many years of registry experience. Pauline will be overseeing the Patent Centered Outcomes project (see below) and assist with data collection, editing and processing. Cathy Ayres recently started working in the registry field but is experienced in various medical roles including pathology lab management. Her primary role will be to implement and maintain physician and non-hospital reporting. Please join us in giving Pauline and Cathy a warm welcome!

Patient Centered Outcomes (PCO) Project

On April 2nd, we notified you of the PCO project. To summarize, NHSCR is one of five states to receive funding to collect follow-up data on year 2011 breast and colorectal cancers. We are making every effort to minimize the effect on our hospitals. We will be sending you a list of cases for you to retransmit so that we have an idea of what type of follow-up information you may have for individual cases. We hope we only need you to do this one time! Then, we will be scheduling site visits to review your patient medical records and abstract follow-up data required for the PCO project. As mentioned previously, Pauline McGinn will be overseeing this project and she will be contacting you soon.

Physician Reporting

As patterns of care continue to change and patients move to diagnosis and/or treatment outside the traditional hospital setting, NPCR is requiring funded states to have a means to assure the complete reporting of cancers seen only by physicians, surgeons, and other health care practitioners outside the hospital setting. To comply with this requirement, Cathy Ayres will be contacting physician offices to determine if they are currently reporting or if they have an agreement in place with their affiliated hospital registries to report their cases. Later we will ask you to confirm which offices you are covering, to make sure we are all on the same page.

HAPPY NATIONAL CANCER REGISTRARS WEEK!
April 7-11, 2014

We cannot emphasize enough the appreciation we have for the hard work you do day in and day out. We always say how fortunate we are in NH to work with such a talented group of individuals in our hospitals. Keep up the good work!

Quarterly Follow-back

In addition to the routing edits and management reports we send each quarter, a few things will be coming your way in April as we try to close year 2012 and move on to 2013:

- We are finishing up the 2011-2012 casefinding audits, both path reviews and Disease Index audits. We will be sending lists of potentially missed cases. Please be sure to note your findings on the comments field (e.g. not reportable, new case, transmitted on date). If a case is not reportable, please note the reason.
- 2012 Death Clearance forms will be sent to physicians by mid-April. We are aiming to send the hospital forms before April 30.
- 2012 NH cases with missing height, weight, and smoking information will be sent to facilities for review.

Recoding Audits

This winter we completed recoding audits for year 2011, and will be reviewing year 2012 cases in May. These audits entail the review of text to determine the accuracy of coding. We are in the process of summarizing the findings for individual hospitals for year 2011. This exercise will help us identify strong and weak areas so we can focus our training needs accordingly.

Our data are currently being audited by NPCR in the 5-year audit – we will let you know how New Hampshire gets on.

Changes for 2014 Diagnosis Reporting

A number of changes are expected in 2014. Here are a few. We will make every effort to keep you informed as changes are announced.

- Retired fields. Grade Path Value and System fields are being retired nationally.
- Newly required fields. Direct clinical and pathologic TNM elements, descriptor and group stage, will be required, as available, in 2014. Please continue to record this information if required to do so by CoC. Non-CoC hospitals should record it only if stated in the medical record by a physician. You don't need to seek out information if it is not readily available and reliable. This requirement will become more specific over the next two years.
- NHSCR Manual 2014. We realize that the NHSCR Data Collection Manual is based on FORDS 2011. Before we put out a new version, we are waiting for FORDS 2014 and SEER 2014 so that we provide you with the most current manual.

ICD-O-3 Update

In September 2011, the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO) released the document, *Updates to the International Classification of Diseases for Oncology, third edition (ICDO-3)*. The Cancer Registry Steering Committee (CRSC) in North America recommended that we not incorporate the updates until the impact of these changes could be evaluated. The ICD-O-3 Update Implementation Work Group was formed to determine how and when registries should implement the ICD-O-3 changes. The Work Group has completed their work. *Guidelines for ICD-O-3 Update Implementation* is the implementation guide for ICD-O-3 changes in North America.

The guidelines document has been posted on the NAACCR website and is effective January 1, 2014. It can be accessed at the NAACCR website (www.naaccr.org) from the Standards and Registry Operations Tab; click on Implementation Guidelines; click on Guidelines for ICD-O-3 Update Implementation (PDF) at the bottom of the page. Or use the URL that follows: http://www.naaccr.org/LinkClick.aspx?fileticket=u7d3sB71t5w%3d&tabid=126&mid=466.

NAACCR Webinar Series

Here is the remaining schedule of the NAACCR Webinars. Please consider hosting one of the upcoming sessions. If you would like to access a previous webinar or would like to host a session, contact Maria and we can give you access. Please take advantage of this great educational opportunity!

- 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

Transition to direct-coded TNM and SEER Summary Stage

Beginning with cases diagnosed Jan. 1, 2016, and after, the standard-setters in the U.S. and Canada will require AJCC TNM and Summary Stage coding to be recorded in the cancer registry abstract. Collaborative Stage will no longer be used.

We would like to share with you the enclosed communication update from the partner organizations within the cancer surveillance community on the status of the transition from CS to TNM. Many organizations, including NCI, CDC, Statistics Canada/Canadian Council of Cancer Registries, the CoC, NAACCR and NCRA provided information on their respective roles in this transition. It is hoped that this will be the first in a series of updates to appear every few months.

This Spring/Summer, NHSCR staff will be attending a variety of training meetings. It is our goal to provide our NH registrars with the latest information and training to smoothly transition to direct-coded staging.

Edits and Reviews

Working on the management reports, we keep noticing a few things:

- **Address at DX.** If a patient was diagnosed while living out of state, then moves to New Hampshire to be with family and starts treatment in NH, the address at diagnosis is not NH. It is the state where the patient lived when the diagnosis was made.
- **Grade.** While the fields Grade Path Value and Grade Path System have been discontinued, please continue to code Grade, especially for Prostate cases. Do not use 9 when Gleason Score is provided in the path report. Also, a gentle reminder that Grade is to be taken only from the primary site, not from a regional or metastatic site.
- **Histology.** According to SEER Inquiry System, endometrioid adenocarcinoma with squamous differentiation should be coded to 8570/3 (Adenocarcinoma with squamous metaplasia).
- **CS Extension.** Specific information regarding extent of disease takes priority over non-specific and “stated as” codes.
- **Surgical Dx/Stg Procedures.** Do not include cytologies, brushings, FNAs, in this field.
- **Palliative Treatment.** Please code palliative treatment when given as first-course in the appropriate treatment fields.
- **Breast MP/H**. If there are two separate, simultaneous within the same breast, one is ductal and the other is lobular, these are considered one primary.

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. Also, a reminder that NHSCR’s WebPlus has a new web address: https://nhscr.dartmouth.edu

Coding Grade

The coding of grade (GRADE, DIFFERENTIATION OR CELL INDICATOR [NAACCR Item #: 440]) has become complicated over time by the introduction of specialized site-specific grading systems. In addition, there were different coding instructions listed in CoC's FORDS Manual and SEER's Coding Manual! Therefore, a small group has been meeting to see if a consensus on grade could be reached among CoC, SEER, and NPCR. The consensus was to draft a set of instructions that were simpler, the same among all 3 groups, and in the end, were different from CoC's or SEER's previous instructions. Separate documentation will be produced later to outline these differences.

The 'Instructions for Coding Grade' can be found at http://seer.cancer.gov/tools/grade/ and are to be implemented for cases diagnosed **1 January 2014** and forward for CoC, SEER, and NPCR. CoC and SEER will incorporate these instructions into their respective coding manuals for 2014. CoC, SEER, and NPCR will notify their respective constituents of their general coding instructions for 2014 including grade.

No codes have been added or deleted. Vendors will not be required to make any changes to software. However, vendors may be able to implement some of the grading instructions electronically to aid cancer registrars in coding the grade field.

SEER*Educate

If you are new to the cancer registry field or want to stay current with changing guidelines, SEER*Educate can help. Currently there are 295 practice cases across the twelve largest primary site groups available for coding using Collaborative Stage version 02.04 and the 2013 SEER Program Coding and Staging Manual. Not only are you presented with the correct values for each of the 60+ data items, you also are presented with rationales explaining how to arrive at the correct code. It's exactly like having a registry trainer reviewing 100% of your work. New content will be made available quarterly. For more information, please visit http://www.seer.cancer.gov/training/

SEER 2014 Casefinding List

SEER has posted new casefinding lists for years 2014 and 2015. The 2014 SEER casefinding list (ICD-9-CM) is applicable for diagnoses 10/1/2013 – 9/30/2014. The 2015 SEER casefinding list (ICD-10-CM) is effective 10/1/14 – 9/30/2015. Remember to inform your Health Information or IT who helps you run a list of billing codes at your facility so that it can be implemented with 2014 casefinding.

Completeness Reminder

The next completeness reports will be going out during April. These reports will cover the reporting period for Jan-Mar 2014. The next reports will be in July. Note that 100% of year 2013 will be due at that time.

Mark your calendars!

We have tentatively scheduled Friday, 9/26/2014 for our annual state meeting. We are currently looking for a central location to hold this meeting. If your hospital would like to host this meeting, please contact Maria Celaya.

New Hematopoietic Database

The latest update of the Hematopoietic & Lymphoid Neoplasm Coding Manual and Database has been posted on the SEER website
http://www.seer.cancer.gov/tools/heme/
This update replaces the 2010 and 2012 versions of both the manuals and the databases. The previous versions are no longer available.

This latest update is applicable for all cases diagnosed 1/1/2010 and forward. Also available is a webpage describing the major changes.
http://www.seer.cancer.gov/tools/heme/update.html A new user's guide is also available for navigating the new format of the database
http://www.seer.cancer.gov/django/seertools/static/docs/Web_Hema_Lymph_DB.pdf

To access the Hematopoietic & Lymphoid Neoplasm Coding Manual, open the database and select one of the current codes (not an obsolete code). Click on the link to open the information for that code. Find the "Help me code for dx year." The year must be 2010 or forward (default is 2014 for current codes). Under that will be the link to coding manual. Click on the link and open the manual. At that time you can save a copy of the PDF to your computer. If you choose years 2001-2009, the information for coding multiple primaries applicable for those years will appear. If you have any questions regarding the changes, please submit your questions to Ask a SEER Registrar
http://www.seer.cancer.gov/registrars/contact.html

Claire's Corner...Happy Spring!

NHSCR 2014 Calendar

4/7-11	National Cancer Registrars Week
4/30	Provisional 2012, 90% complete Quarterly Completeness Reports
5/1	Webinar: Colon and Rectum
5/15-5/18	NCRA 2014 Annual Meeting Nashville, TN
5/26	Memorial Day Holiday
5/29	CRANE One-Day Workshop Methuen, MA
6/5	Webinar: Liver
6/21-27	NAACCR 2014 Annual Meeting Ottawa, Ontario, Canada
6/30	End of Fiscal Year
7/10	Webinar: Survival Data
8/7	Webinar: Lung @ Elliot Hospital
9/1	Labor Day Holiday
9/11	Webinar: Coding Pitfalls
9/26	NHSCR Annual Meeting
10/27-10/28	CRANE Annual Meeting Warwick, RI
11/27-11/28	Thanksgiving Holiday
12/1	NAACCR Call-for-Data
12/24-12/25	Christmas Holiday
12/26-12/31	Winter Break (NHSCR closed)

CER Update

Please note that the CER project is now over and it is no longer required to collect the CER data items for newly identified 2011 cases. The only exception is that we still need to collect height, weight, smoking, and complications/comorbidities 1-10 *or* Secondary Diagnosis 1-10. Collection of these items has been required since 2010 and they will continue to be part of routine data collection efforts. Note that where CER information is missing, NHSCR staff will continue to collect CER data as part of the PCO project . This includes newly identified 2011 cases.

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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!

This project was supported in part by the Centers for Disease Control and Prevention's National Program of Cancer Registries, cooperative agreement U58/DP0003930 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.