

# NHSCR Registry Report



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## Data Deliverables—DONE!

We have been so busy here at the office for the “deliverables” we send that the management reports are a bit overdue. We will be getting back to them and will be sending out via WebPlus any cases that came up in our edits.

These deliverables were a bit longer than normal as we tried to close out two years of data, 2013 as well as 2014. We want to thank all of our reporting sources for being patient with us, sending in missing cases found on casefinding audits, death clearance, etc. Now that we are close to meeting a 12-month reporting timeframe, next year should not be as hectic. Again, many thanks to all! NHSCR data is great because you are great; we could not do it without our fabulous registrars!

## NHSCR Data Collection Manual & FORDS: Revised for 2015

We are working diligently to finalize the most current version of the NHSCR Data Collection Manual. With permission by the American College of Surgeons and the Commission on Cancer to use the FORDS: Revised for 2015 as the basis for the NHSCR Data Collection Manual, sections of the FORDS are highlighted and notations added that clarify NHSCR-specific requirements. To comply with NHSCR reporting requirements, all reporting facilities are to use the standards in this manual for cases diagnosed January 1, 2015 forward. Our goal is to post the updated manual by December 30, 2015. We will send a blast email to all our reporters notifying you of its availability online. In the meantime, please refer to handouts provided at the NHSCR Fall 2015 Annual Meeting for NH-specific requirements that differ from FORDS. Please contact NHSCR if you need a copy of the handouts.

## Death Clearance

Although we submitted a provisional Year 2014 dataset for the annual call-for-data, the death clearance process for year 2014 is still in progress. A special thanks to all registrars who responded to our follow-back efforts. If you have not yet completed the data follow-back request for your hospital, please do so no later than Dec 30th.

## Claire's Corner

NHSCR wishes everyone a Happy Holiday Season!



## Year 2015 Completeness

We will be finishing up the completeness reports soon. As a reminder, 50% of diagnosis year 2015 is due by Dec 30.

## **NHSCR Updates, cont.**

### **Revision/Readoption of NH Cancer Rules**

The Administrative Rules (He-P 304) that define the processes around cancer reporting in New Hampshire are due to expire soon, and revised Rules have been drafted. The goals of the revisions are to make some clarifications and simplifications where appropriate. The draft rules will be published in the Rulemaking Registrar on the 10th of December, and will be made available for public comments on the DHHS website: <http://www.dhhs.nh.gov/oos/aru/comment.htm>. This website will show how to submit written comments about the draft rules, and the date and location of the public hearing.

### **Patient-Centered Outcomes (PCO)**

The PCO project continues with the collection of additional treatment and disease status data for 2011 breast and colorectal cancer cases. Updates for seven NH hospitals have been completed and data coding is in process. Remaining site visits will be scheduled and subsequent data coding will continue into the spring. Again, many thanks to all registrars for their continuing help in facilitating site visits, record access and data collection.

### **Non-hospital Reporting**

Efforts are continuing to maintain the robust reporting efforts we have seen in the last year. Communication and contact with physician practices through phone calls, emails, and newsletters have been paramount in maintaining the momentum.

We have seen a marked increase in physician office reporting of new cancer cases; a majority are newly reported cases and have not been reported by other sources. We have audited some of the larger practices. The findings are positive and the practices are eager to assist us by sending cases in a timely manner.

Please let us know if you are aware of any newly hired physicians or new practices who may need education regarding cancer reporting.

### **NPCR Success Stories**

NHSCR participated in an analysis of prostate cancer data (2004-2011) which showed increasing use of conservative management of early stage prostate cancer over time.\* The results were publicized in a New Hampshire Public Radio interview with Dr. Elias Hyams. The paper itself confirms that physicians have adapted to the new treatment guidelines; the response to the publicity surrounding the paper was also received favorably by patients. The full NHPR article is available at <http://nhpr.org/post/study-nh-makes-gains-treating-prostate-cancer>

*\*J.P. Ingimarsson, M.O. Celaya, M. Laviolette, J.R. Rees, E.S. Hyams. "Trends in initial management of prostate cancer in New Hampshire." Cancer Causes and Control (2015) 26:923-929.*

### **Posters presented at NAACCR**

Two posters were presented at the NAACCR Annual meeting held in Charlotte, NC in June, one on registry operations and another on epidemiologic studies. Cathy Ayres presented "Increasing Non-hospital Cancer Reporting: The NH Experience", and Dr. Elias Hyams presented "Does distance from a radiation facility impact patient decision-making regarding treatment for prostate cancer? A study of the New Hampshire State Cancer Registry (NHSCR)".

## Updates from Standard Setters

### ICD-9-CM to ICD-10-CM

Hopefully all hospitals are adjusting to the implementation of ICD-10-CM. Because this change happened in October 2015, SEER provides two casefinding lists – one that is effective 1/1/2015-9/30/2015 and another effective 10/1/15-09/30/2016. The lists can be found on the SEER website at <http://seer.cancer.gov/tools/casefinding/>

### ICD-O3 Updates for 2016

Enclosed in this newsletter is a notice on ICD-O-3 Implementation and Reportability received from NPCR. Note that it is the terminology and/or reportability that has changed, not the codes. Please make these changes to your ICD-O-3 manual.

### CS Transition Newsletter

This past August, NAACCR issued the latest CS Transition Newsletter. This is the latest issue in a series of newsletters that aim to provide information regarding the transition from Collaborative Staging v2 system to the AJCC TNM staging standard. Here we include key points of the newsletter, but if you would like a copy of the full version of the newsletter, please email Maria Celaya.

- Directly assigned clinical and pathologic TNM and SEER staging is effective with year 2015 cases
- Some Site Specific Factors will continue to be required
- AJCC 8<sup>th</sup> edition is scheduled to be released in 2015, effective for cases 1/1/17
- Educational lesson Modules I through IV are available on the AJCC website

### NCI SEER Announces New Tool

NCI SEER supports cancer registrars with a new tool: [The Glossary for Registrars](#)

The Glossary for Registrars is an interactive web-based tool with over 5,000 terms defined for cancer registrars. Use the glossary to find definitions for anatomy terms, cancer-related terms, common diseases (and not-so-common diseases), physiology terms, surgical procedures, other treatment procedures, and much more.

Resources used to populate the glossary include

NCI Data Dictionary  
American Brain Tumor Association  
Cancer Registry Management Principles & Practices for Hospitals and Central Registries  
Cancer Treatments Center of America  
ClinicalTrials.gov  
Fundamentals of Anatomy and Physiology, 3rd edition  
MD Anderson  
MedicineNet.com  
.....and many others

The glossary can be accessed directly from the SEER website or accessed by clicking on linked terms in the Hematopoietic database and SEER\*Rx.

The glossary is a work in progress. New terms will be added and the tool will be updated quarterly.

If you have questions or comments about the glossary, please submit them to [Ask a SEER Registrar](#) and choose “Glossary for Registrars.”

## Education and Training

### NHSCR Fall Meeting

The NHSCR educational meeting held this past September was very successful. The highlight of the meeting was a session on round-table discussions where attendees were given the opportunity to discuss topics that would help improve both NHSCR and hospital reporting processes. Topics included the following:

- Ideas for improving follow-back activities
- RQRS vs Rapid/Definitive reporting
- Reporting of non-analytics
- Training and the transition to directly coded AJCC TNM and SEER Summary Staging

NHSCR is currently reviewing policies and procedures and will soon implement changes based on participant feedback. A huge thank you to those who contributed ideas to these discussions.

We also heard from Dr. Karla Armenti on Collecting Industry/Occupation (I/O) data and a new project that we will participate in. More details to follow soon, but in the meantime, please do not forget to note I/O when abstracting cancer cases. I/O are required data items even though they are not coded.

### SEER Educate

SEER is pleased to announce the expansion of free training on SEER\*Educate based on disease information. Cancer is not one disease, but many. Registrars must have both breadth and depth of knowledge about anatomy and these disease processes to facilitate efficient and accurate abstracting and coding of cases. The series covers signs and symptoms (disease presentation and progression); procedures used to diagnose and work-up the cancer; determination of stage at diagnosis; first course of treatment options; and prognostic indicators. Sign up at SEER\*Educate by visiting <https://educate.fhcr.org/>.

### Coding Hints

\*Cystic pancreatic endocrine neoplasm (CPEN) is reportable. Assign 8150/3 unless specified as a neuroendocrine tumor, Grade 1 (8240/3) or neuroendocrine tumor, Grade 2 (8249/3).

\*When there are separate, simultaneous tumors in the same breast but in different quadrants, one with ductal and a separate with lobular, these are considered one primary and histology is coded to 8522, a combination of ductal and lobular. (See SINQ #20150041)

\*Per MP/H Rule M6, bladder cancers with a combination of papillary carcinoma [8050], transitional cell carcinoma [8120-8124], or papillary transitional cell carcinoma [8130-8131], are a single primary regardless of timing. The timing rule (tumors diagnosed more than three years apart) applies to Rule M7, however rule M6 comes first. In abstracting these bladder tumors, you will first reach Rule M6. When that rule applies you do not go any further, so you would never reach Rule M7 to apply the three-year rule. The only time multiple bladder cancers with these histologies are considered new, separate primaries is when an in situ is followed by an invasive more than 60 days apart per Rule M5.

\*A reminder that collection of Height, Weight, and Smoking History is required for all cases effective with DX Year 2010. Please be sure to record this information in the corresponding CER fields. Also required are the Comorbidities/Complications 1-10 fields for cases coded with ICD-9-CM; use the Secondary Diagnosis 1-10 for cases with ICD-10-CM coding.

### Education and Training, cont.

NHSCR is happy to announce a collaboration with CRANE in presenting a SEER Summary Staging (SSS) webinar on Wed, December 16, 2015.

#### Agenda

- Introduction—David Rosseau
- Introduction to Direct Coding of SSS—Nancy Lebrun, CTR
- Direct Coding SSS, Colon—Kathy Boris, CTR
- Direct Coding SSS, Breast—Maria Celaya, MPH, CTR
- CRANE Business Meeting

There is a limit of 100 participants.

If you are going to be watching with other people from the same facility, please try to view as a group and register only one (1) person on behalf of your facility. All participants will receive the CE hours. This webinar will be recorded so that you may watch it at your convenience at a later time.

Register at: [CRANE SEER Summary Stage Webinar](#)

### NHSCR 2015-2016 Calendar

- 12/24-25 Christmas Holiday
- 12/26-31 Winter Break (NHSCR closed)
- 1/1/16 New Year's Day Holiday
- 1/31 Quarterly Completeness Reports 50% of Year 2015 Due by Dec 30
- 2/15 President's Day Holiday
- 3/13 Daylight Saving Time Begins (Sunday)
- 4/6 NHCCC Annual Conference and NHSCR Advisory Panel Meeting Concord, NH
- 4/10-13 NCRA 2016 Annual Conference, Las Vegas, NV
- 4/11-15 National Cancer Registrars Week
- 4/30 Quarterly Completeness Reports 75% OF Year 2015 Due by Mar 30
- 4/30 NHSCR Newsletter
- 5/30 Memorial Day Holiday
- 6/11-17 NAACCR 2016 Annual Meeting St. Louis, MO

### NAACCR Webinar Series

NHSCR continues to provide the NAACCR Webinars to our NH registrars. HOSTS ARE NEEDED! Please consider hosting one of the upcoming sessions. Please take advantage of these great educational opportunities!

- 1/7/16 Collecting Cancer Data: Bone and Soft Tissue
- 2/4/16 Collecting Cancer Data: Breast
- 3/3/16 Abstracting and Coding Boot Camp
- 4/7/16 Collecting Cancer Data: Ovary
- 5/5/16 Collecting Cancer Data: Kidney
- 6/2/16 Collecting Cancer Data: Prostate
- 7/7/16 Patient Outcomes
- 8/4/16 Collecting Cancer Data: Bladder
- 9/1/16 Coding Pitfalls

If you would like to access a previous webinar or would like to host a session, please contact us and access info will be provided.



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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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