

NHSCR Registry Report



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DHHS Cancer Investigation

NHSCR is playing an important role in the seacoast pediatric cancer cluster investigation that you may have heard about in the news. Your high quality data are critical to ensuring a high degree of confidence in the analyses that we present. We ask you to look out for pediatric diagnoses of rhabdomyosarcoma, pleuropulmonary blastoma, or any other unusual pediatric cancers in southeastern New Hampshire, especially the seacoast region, and let us know by phone if you identify any new cases at your facility (Maria Celaya, 603 653 6621). We would also appreciate your prompt transmission of rapid reports on pediatric cancers which will greatly help the investigation. The summary DHHS report can be found at: <http://www.dhhs.nh.gov/dphs/hsdm/cancer/documents/rhabdomyosarcoma2016.pdf>

In the News

Elevated Bladder Cancer Risk in New England and Arsenic in Drinking Water from Private Wells. Recently, there was an article in the news about elevated bladder cancer risk due to arsenic in private wells in New England. [You can find more information here.](#) If you have never considered testing your well for arsenic, the Department of Environmental Services suggests doing so! http://des.nh.gov/organization/divisions/water/dwgb/well_testing/

Job Openings

Memorial Hospital in North Conway, NH is looking for an experienced registrar to work part-time. Remote work is a possibility. Please contact Mary Meek at mmeek@memorialhospitalnh.org if you're interested.

There is a 20-hour a week position in the Portsmouth Hospital cancer registry open and anyone interested could apply to the hospital on-line. Only CTRs should apply.

2016 National Cancer Registrars Week

Congratulations to everyone on the dedication of the 8th Edition of the Staging Manual to cancer registrars! With this newsletter, we are sending a belated letter to recognize our New Hampshire registrars. We apologize for the delay, which was due to illness in our editorial department.

Claire's Corner

NHSCR wishes everyone a Happy Spring!



NHSCR Updates

New NHSCR Rules and Regulations

The Administrative Rules (He-P 304) that define the processes around cancer reporting in New Hampshire have been revised and approved. The goals of the revised rules are to make some clarifications and simplifications in the rules and reporting process. The new rules are available at: http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html (scroll down to PART He-P 304 CANCER REGISTRY RULES.)

Physician and Non-hospital Reporting

We are continuing to communicate with non-hospital providers as a means of insuring that all reportable cancers are sent to the registry in accordance with New Hampshire law.

We are happy to report that we have seen a marked increase in the number of reports sent to us by our non-hospital providers. We are scheduling audits with an emphasis on the larger practices. Audits of the smaller practices will be performed as time allows in the coming year. Our audits are intended to educate the practices with regard to the reporting process. We hope to have new cases reported as soon as possible and within 45 days of diagnosis and/or treatment.

Patient-Centered Outcomes (PCO)

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

Non-registry Hospital Reporting

We are moving forward with scheduling site visits at non-registry hospitals this spring and now suddenly rolling into summer! Several site visits have been scheduled throughout May and June, and we are scheduling more site visits for the month of July. As we continue to abstract 2015 cases, we are also picking up on a number of cases from 2013 and 2014. Non-registries have been doing an excellent job at allowing our NHSCR registrars to access medical records to gather necessary patient cancer information. Many thanks to those that we have scheduled site visits at. We look forward to speaking with those we have yet to schedule.

Case Completeness

Reminder to all that 100% of cases diagnosed in year 2015 are due by June 30. Note that while the CoC no longer has a timeliness requirement, New Hampshire State Cancer Registry still does! Cancer cases must be reported within 180 days (6 months) from diagnosis in order for us to meet NPCR's 12-month reporting requirement. We appreciate your timely and complete reporting effort!

Coding Tips

- **Laterality:** A list of Paired Organ Sites can be found in FORDS, Section One: Case Eligibility & Coding Principles, page 8 (a man only has one prostate; a woman only has one uterus; there is only one thyroid).
- **Grade:** Explanation in FORDS: Section One: Case Eligibility & Coding Principles, page 10 – 16. Please review these pages to make sure you select the correct grade for the site you are working on. There are a number of grading formats and special grading rules.
- **Address at DX:** This item identifies the patient’s physical address (number and street) at the time of diagnosis. If the street address is unknown and you only have a PO Box number, please put UNKNOWN on first line and the subsequent address would have the PO Box number. For Geo-coding, we ask that you also put the Unit, or Apt. number on the subsequent address line. (See FORDS, Section Two: Coding Instructions, Patient Identification, page 45.)
- **Birthplace:** “Place of Birth” is now discontinued, and has been replaced by “Birthplace—State and Birthplace—Country”. If there is no indication at all of location in the patient record, Birthplace should be 999, State should be ZZ, and Country should be ZZU. (See FORDS, Section One: Case Eligibility and Coding Principles, page 18, under coding country and state)
- **Palliative care:** Per FORDS, “Record as palliative care any treatment recorded in the first course therapy items that was provided to prolong the patient’s life by managing the patient’s symptoms, alleviating pain, or making the patient more comfortable.” Please be sure to also code in the first-course treatment section if this applies.
- **Histology ICD-0-2:** Please watch when it is filled in for cases diagnosed 2001+. Benign brain histology before 2004 does not get filled in.
- Do not use Collaborative Staging for cases diagnosed before 2004.
- **Institutions Referred To and From:** These fields cannot be the present hospital reporting the case. FORDS: Section Two: Coding Instructions/Cancer Identification, page 116-117: Institution Referred To-Identifies the facility to which the patient was referred for further care after discharge for the reporting facility. Institution Referred From-Identifies the facility that referred the patient to the reporting facility. If the patient is at the reporting facility, then receives further treatment at a second facility, then goes back to the initial reporting facility, do not put the reporting facility as the Referred To.
- **Reason for No Radiation Tx:** When Radiation is given, the Reason for No Radiation is being coded as a “1”=not recommended when radiation has been given. Please make sure the code is 0= received.
- **Refused Tx:** If a patient or patient’s family refuses treatment, please assign the correct treatment code 87=refused, and the date flag is coded to 11 not 15; 15 refers to recommended.
- **Type of Reporting Source:** This field is being left blank. Please be sure to code accordingly.
- **Text:** All coded data items should be supported by text--TEXT, TEXT, TEXT, we love text!

Year 2016 Reporting

Converting to NAACCR v16

As hospitals begin abstracting year 2016 cases, please remember that these cases must be converted to NAACCR v16 before transmitting to the NHSCR. Any 2016 cases that are completed prior to conversion will need to be reviewed post conversion and run through the new v16 edits.

NAACCR v16 will have new fields for staging SEER Summary Stage and the AJCC T, N, and M categories. There will be new fields to classify the stage as clinical or pathologic. If case are completed prior to conversion, it is important to document all pertinent stage information so that these fields can be easily updated after conversion. See the NAACCR Implementation Guidelines for more information: http://www.naacr.org/LinkClick.aspx?fileticket=_ouB-k_mK2k%3d&tabid=161&mid=523

Please also see the CoC section in this newsletter, p7 under “News and Updates from National Standard Setters”.

Directly-Coding Stage

Reminder that cases diagnosed as of 1/1/2015 must be directly (manually) staged, both SEER Summary and AJCC. **Please do not copy the CS Derived Stage!** It is important that registrars get used to assigning stage NOW. While we are not sure what will happen with the CS fields with the conversion to NAACCR v16, those fields will no longer be supported by any national standard setters. We need to ensure that NH registrars continue collecting high quality data, especially stage.

Please also see the CoC section in this newsletter, p7, under “News and Updates from National Standard Setters”.

For reference, the SEER Summary Staging Manual can be found on the SEER website: <http://seer.cancer.gov/tools/ssm/>. SEER is currently working on updating this manual. We will let registrars know when a new revision is made available.

Every registry hospital should have the most current copy of the AJCC TNM 7th edition. The new 8th edition will be made available in October 2016 and will be effective with year 2017 diagnosis.

FORDS: Revised for 2016

The NHSCR Data Collection Manual is currently being revised for 2016 and will be posted within the next month to the NHSCR website. Changes will be covered at the NHSCR Fall Meeting in September.

Current Casefinding List

SEER provides new casefinding lists for years 2015 and 2016. Note that there are two different lists for year 2015:

- FY2015 ICD-9-CM (effective 10/1/14 - 9/30/15)
- FY2016 ICD-10-CM (effective 10/1/15 - 9/30/16)

The FY2016 list will be included in the NHSCR Data Collection Manual (FORDS: Revised for 2016).

News and Updates from National Standard Setters

On March 9, 2016, CDC published its *Annual Report to the Nation: Cancer death rates continue to decline*. The Report to the Nation is released each year in a collaborative effort by the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute, and the North American Association of Central Cancer Registries. To view the full Report, go to <http://onlinelibrary.wiley.com/doi/10.1002/cncr.29936/full>

NCRA

2016 CTR Exam Dates are June 18-19 and October 15. Each of these testing windows will be 3-weeks long. For more information, visit the NCRA website <http://www.ctrexam.org/>.

For those that may have missed it, NCRA sent the following announcement on 4/27/16:

One of the highlights of National Cancer Registrars Week (NCRW) was the announcement by Dr. Mahul Amin, Editor-in-Chief of the AJCC Cancer Staging Manual, that the 8th Edition will be dedicated to cancer registrars! He made this announcement at NCRA's 42nd Annual Conference in Las Vegas while members were celebrating NCRW. [Read the press release.](#)

Let Us Know What the Dedication of the 8th Edition of the Staging Manual to Cancer Registrars Means to the Profession. [Complete the Short Survey](#)

SEER

The SEER Cancer Statistics Review (CSR), 1975-2013, published by NCI's Surveillance Research Program, was released on April 15, 2016. The updated CSR presents the most recent cancer incidence, mortality, survival, and prevalence statistics. The report is now available at <http://seer.cancer.gov/csr/1975-2013>. New material posted include:

- SEER CSR, 1975-2013
- SEER Data, 1973-2013
- Updated Cancer Stat Fact Sheets and Fast Stats
- The Cancer Query Systems
- Cancer Statistics Animator
- Beta version of SEER*Explorer, a new tool designed to provide easy access to a wide range of SEER pre-calculated cancer statistics in table and graphical format

Lifetime risk estimates are not available with the current CSR release but will be added later when population data for older age groups are available. All material in the SEER CSR report is in the public domain and may be reproduced or copied without permission; however, citation of this source is appreciated.

NAACCR

The North American Association of Central Cancer Registries (NAACCR) is pleased to present the inaugural publication of Cancer in North America Volume Four: Cancer Survival in the United States and Canada. NAACCR has been producing Cancer in North America (CINA) incidence and mortality publications for over 15 years. This is the first time that NAACCR has published cancer survival data for North America. Along with incidence and mortality data, information on population-based cancer survival is necessary to understand the burden of cancer. The CINA Survival publication includes data from 41 registries on more than 6.7 million cases diagnosed among North Americans between 2005 and 2011. The publication is available at: <http://www.naacr.org/DataandPublications/CINAPubs.aspx>

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Education and Training

Save the Date—NHSCR Fall Meeting

The NHSCR Annual Training Meeting is tentatively scheduled for Friday, Sept 30. Please contact Maria if your facility is willing to host.

SEER*Educate

SEER is pleased to announce an expansion of the free training in SEER*Educate. Disease information has been released as a new series in CTR Prep.

Cancer is not one disease but many disease processes. The cancer registrar must have both breadth and depth of knowledge about anatomy and these disease processes to facilitate efficient and accurate abstracting and coding of cases. This series covers the following:

- 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
- Prognostic indicators

By increasing one's knowledge, a cancer registrar has the ability to better anticipate what to look for in the medical record for a patient during the initial abstracting as well as when looking for updates to treatment information.

People preparing for the CTR exam may want to focus on the specific sites listed in the CTR Exam Handbook. Students and new hires should work through every site and the General section. Experienced registrars might also find this new series of interest. More sites will be added in spring and summer of 2016. Sign up at SEER*Educate today by visiting <https://educate.fhcrc.org/> and Learn by Doing!

SEER*Educate also has two new coding series to help with the transition to directly-coded stage:

- AJCC TNM 7th Ed – Dx Year 2016
- Summary Stage 2000 + New 2016 Data Items

These are a great review as we begin the transition into directly-coding stage!

NAACCR Webinar Series

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

- 6/2/16 Collecting Cancer Data: Prostate (host needed!)
- 7/7/16 Patient Outcomes (hosted by Wentworth-Douglass Hospital)
- 8/4/16 Collecting Cancer Data: Bladder (hosted by Elliot Hospital)
- 9/1/16 Coding Pitfalls (hosted by Wentworth-Douglass Hospital)

If you cannot make it to the webinars but would still like to view them, NHSCR can provide you with access to the recording. Email Maria.O.Celaya@Dartmouth.EDU to find out how to get access.

News and Updates from Standard Setters, cont.

CoC

On May 2, the CoC released instructions for abstracting 2016 cases in NAACCR v15 software due to the delay of NAACCR version 16 software upgrades. Click the link below to access the most recent update on 2016 cases according to the CoC Source.

<http://newsmanager.commpartners.com/acscoc/issues/2016-05-02/4.html>

There is also another article from March. Click on the link and scroll down to "What to Do with 2016 Cases".

<https://www.facs.org/publications/newsletters/coc-source/2016/mar2016>

NHSCR 2016 Calendar

5/30	Memorial Day Holiday
6/11-17	NAACCR 2016 Annual Meeting St. Louis, MO
6/4	Independence Day Holiday
6/21	CRANE One Day Meeting
6/30	PCO Cases—95% Follow-up Due
9/5	Labor Day Holiday
9/30	NHSCR Annual Meeting
11/18	Annual Call-for-Data NAACCR & CDC-NPCR 100% of DX Year 2014 90% of DX Year 2015
11/24-25	Thanksgiving Holiday
12/23-26	Christmas Holiday
12/27-30	Winter Break
1/2/17	New Year's Holiday

Ambiguous Terminology Lists: References of Last Resort (NAACCR email 4/28/16)

The purpose of this communication is to clarify the use of Ambiguous Terminology as listed in *FORDS: Revised for 2016* for case reportability and staging in Commission on Cancer (CoC)-accredited programs. When abstracting, registrars are to use the "Ambiguous Terms at Diagnosis" list with respect to case reportability, and the "Ambiguous Terms Describing Tumor Spread" list with respect to tumor spread for staging purposes. However, these lists need to be used correctly.

The first and foremost resource for the registrar for questionable cases is the physician who diagnosed and/or staged the tumor. The ideal way to approach abstracting situations when the medical record is not clear is to follow up with the physician. If the physician is not available, the medical record, and any other pertinent reports (e.g., pathology, etc.) should be read closely for the required information. The purpose of the Ambiguous Terminology lists is so that in the case where wording in the patient record is ambiguous with respect to reportability or tumor spread and no further information is available from any resource, registrars will make consistent decisions. When there is a clear statement of malignancy or tumor spread (i.e., the registrar can determine malignancy or tumor spread from the resources available), they should not refer to the Ambiguous Terminology lists. Registrars should only rely on these lists when the situation is not clear and the case cannot be discussed with the appropriate physician/pathologist.

The CoC recognizes that not every registrar has access to the physician who diagnosed and/or staged the tumor, as a result, the Ambiguous Terminology lists continue to be used in CoC-accredited programs and maintained by CoC as "references of last resort".

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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>

NHSCR

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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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