

The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Jan/Feb 2006



Message from our President:

Elizabeth Tucker, CTR

January, 2006

Happy New Year!

Now that we have all said with dismay 'where did 2005 go?' it is time to gear up for this New Year! Can we have a new year without COC changes? I think not! Just a reminder of where you can find those changes or updates for 2006 cases The COC web page at <http://www.facs.org/cancer/cannews.html> is a convenient source for the information. It includes:

- NCDB Data Changes for 2006
- The FORDS 2005 Errata Online (The most recent changes are listed here)*
- The Collaborative Staging Manual Update-online now

The changes that have been made in the Fords manual, including the errata pages are available in several formats. One version has the changes highlighted. I can see this would be extremely helpful as one becomes accustomed to the changes. The changes were explained in the FLASH in the November-December issue. The link is <http://www.facs.org/cancer/cocflash/novdec2005.pdf> or at the Standards section at <http://www.facs.org/cancer/ncdb/index.html>.

For those of you who participated in the CP3R study, there is an article in the Jama and Gynecologic Oncology Journal using the data that we provided. If you have had a survey, you have had an opportunity for the surveyor to review your information and suggest ways to improve outcomes. For those of you who sent in corrections to your original submission, these have been included in the most recent up date of the CP3R study. The new data is available on the web page for the CP3R study.

I hope each of you were successful in submitting your data to NCDB error free!

Carol Burke, the Program Planning Committee and Leta Vess are working hard to finalize the program for the Fall Meeting. The meeting will be on September 11-13 in Southern Pines at the Pine Needles Lodge and Golf Club (www.pinehedgesmidpines.com). More information will be available in the next issue of the newsletter.

If any of you would like to help Tina Harkey with the Ways and Means Committee, I am sure she would appreciate it. One of our members, Donna Callicutt, has obtained a framed print that we will

Inside This Issue:

Message from the President	pages 1,3
2005-2006 ANCCR Board	page 4
Multiple Primary Rules are here	pages 5-7
NCRA National Meeting	page 8
ANCCR Basic Workshop in Washington	page 9
Coding General Stage for Hematopoietic Diseases	page 10
Letter from the Editor	page 11
Tidbits from Inquiry and Response System	page 11

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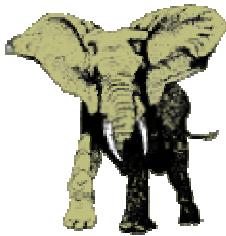
use as a raffle item. Thank you Donna! We can have more than one item to be raffled, so be bold and ask businesses you know and support! Tina can be contacted at tharkey@charter.net. Also, remember it is time to start watching for those WHITE ELEPHANT items for the Silent Auction.

On a personal note, I want to thank all of you for your calls and emails following my husband's stroke. He is at home and continuing to improve. Again, thank you.

If I can be of any help to you please contact me at 336-878-6703, or 336-848-0609. My email is etucker@hprhs.com.

Best wishes for a blessed 2006,

Elizabeth Tucker



*Did you get soap you are allergic to?
Towels in the wrong shade of fuchsia? A
leash for your cat?*

*Don't regift that unwanted item you
received for Christmas, your birthday, or
Valentine's Day!*

*Save it for the ANCCR white elephant
sale, auction & raffle! All those items
and more could make money for the silent
auction to benefit ANCCR...*

*Just bring them with you to the Annual
Meeting.*

*Need more information or have some
questions? Call Tina Harkey, CTR at 828-
667-5213 or email tinactr@yahoo.com*

2005– 2006ANCCR Board



2005-2006 ANCCR Board: Pictured from left to right: Blanche Sellars, Tina Harkey, Deborah Carrethers, Judy Robertson, Inez Evans, Paige Tedder (hiding beside Inez), Adaline Brown, Cathy Rimmer, Deborah Thorne, Leta Vess and Carol Burke. Missing from picture are: Elizabeth Tucker, Carol Dickinson, Melissa Pearson, Sherilyn Breitenbach.

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Never Fear...New Multiple Primary Rules Are Here!

Melissa Pearson, CTR

Have you ever had a case similar to any of the following in which it was difficult to determine either the number of primaries or the correct histology code? Did you have a harder time explaining how you came to that decision? Then of course, there is answering the all-time favorite question, “Where is that rule?”

Unfortunately, I do not have the “official” answers for these scenarios. I was disappointed as well when I was told answers would not be given! The reason for this being that the purpose of this exercise is to highlight the frustrations in trying to determine the number of primaries or the correct histology code using the current rules. With complex cases, such as these, the current multiple primary and histology rules are not always clear. As a result, inconsistencies in the data are being observed.

- Lung with moderately differentiated adenocarcinoma, mucin secreting cells, mixed acinar, papillary, and bronchioalveolar features.
- Multicentric infiltrating carcinoma. A) Mucinous (colloid) carcinoma, 1.8cm Right breast. B) Infiltrating carcinoma mixed ductal and lobular, 1.2cm Right breast.
- Lung, right upper lobectomy: 2 nodules of carcinoma with mucin production (c/w pulmonary primary), one nodule has bronchoalveolar features, the other shows focal squamous differentiation.
- Laryngeal carcinoma: Fragments of poorly differentiated keratinizing squamous cell carcinoma of the pyriform sinus. Laryngeal surface of the epiglottis shows focal squamous cell carcinoma with possible superficial invasion. Aryepiglottic fold with invasive, moderately to poorly differentiated squamous cell carcinoma.

These were only a few of the examples that were shared at the Multiple Primaries and Histology Train-the-Trainer Workshop that I attended in Maryland. The training session was sponsored by SEER and NPCR in cooperation with the CoC, NCRA, and NAACCR. The purpose of the workshop was to invite one or two trainers from each state to participate in the dissemination and implementation of the new multiple primary and histology coding rules. The purpose of this article is to give you a very brief and simplistic introduction and to let you know where you can expect to find training on the new rules.

Part of the problem in trying to find a solution is that many of the issues are site specific and to group these together in one set of guidelines would create a very complicated set of rules. By separating out the site specific issues, the correct use and assignment of the guidelines are able to be communicated more clearly. Hence, the development of eight sets of site-specific rules that include the following sites: lung, colon, breast, kidney, bladder/ureter/renal pelvis, head and neck, melanoma, and brain.

The new rules will not only address issues with multiple primaries, but also the proper use of the combination histology codes as well as the assignment of the correct histology when the diagnosis contains multiple histology descriptions. One problem, in particular, that has been identified is when there are multiple histology code choices, and there is no combination code, and there is no clear hierarchy for determining which code should be selected. The histology portion of the rules will address these types of issues.

The new guidelines have been developed in manner to preserve the integrity of the incidence count and the comparison of data. For example, it was extremely important to be aware of the impact on public information and to avoid the appearance of a sudden rise in the incidence of a particular type of cancer due to the effects of the new rules. What that means is the purpose of the new rules is not to create a drastic change in the annual number of cases rather than make the determination more consistent and accurate.

The training session I attended provided an introduction to the structure and content of the new rules. A more in-depth training on all of the sites will take place later this year. Lung and colon were the two sites discussed and were examples of how to use the new format. Did I just say...new format? Yes, the new rules will have a slightly different format from what we are accustomed to. It is similar to a flowchart where you start at the top and continue step by step until you encounter the rule that satisfies your situation.

I couldn't mention a new format without providing some sort of an example. So, I have included the first page of the rules for the colon. However, it is important to remember that this is only one of several pages and to truly understand the use of these rules requires training on all of the general and site-specific rules. There are some segments that can be quite complex. Therefore, there will be multiple training opportunities available over the next year including the NCRA Annual Conference and the ANCCR Fall meeting. The NC Central Cancer Registry will be offering an additional training session and there will be recorded webcasts from SEER that you can view if you are not able to attend a training session in person. The training session will offer visual aids, handouts and discussions in addition to the new rules. Each site will start with a background presentation that reviews the anatomy, common histologies and other pertinent facts such as symptoms and survival.

There are at least two questions that I am sure you want to ask. Have the new rules been tested? And, will my software be ready? That is certainly the objective. The development of the new rules is the product of a three year project. I first learned about the proposed changes in a breakout session at the NCRA Annual Conference in Portland, Oregon in April 2004. Since then, extensive field and beta tests have taken place. A detailed article describing the rationale and the development process for the Multiple Primary and Histology Coding Rule Project can be found in the Summer 2005 issue of *The Connection*. As you may or may not recall, the implementation of the rules was to take effect with 1/1/2006 diagnoses. Based partly upon the request of several agencies, including NCRA, the implementation date was pushed back to 1/1/2007 to ensure adequate time to complete testing and prepare the final materials.

It is important when considering the impact of the new rules to keep them in perspective. According to SEER, less than 10% of cases have multiple primaries. Also, most the major characteristics of determining multiple primaries will remain the same. For example, a difference in the third character of the site code will still be a separate primary. The difference will be the method and resource for deriving that conclusion.

Needless to say, it is one more change we are being faced with and one more learning curve to overcome. But, trying to keep things in perspective, hopefully the benefits of clearer, more consistent rules will out-weigh the anxiety of yet another change.

Colon Multiple Primary Rules – Matrix
C180 - C189

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
 ** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS <i>Note:</i> Tumor(s) is not described as a metastasis				
M1		When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor <i>Note:</i> Use this rule only after all information sources have been exhausted.		Single*
SINGLE TUMOR <i>Note 1:</i> Tumor is not described as a metastasis <i>Note 2:</i> Includes combinations of in situ and invasive				
M2	A single tumor	<i>Note:</i> The tumor may overlap onto or extend into adjacent/contiguous site or subsite.		Single*
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries <i>Note 1:</i> Tumors are not described as metastases <i>Note 2:</i> Includes combinations of in situ and invasive				
M3		Familial polyposis with one or more malignant polyps <i>Note:</i> Tumors may be present in multiple segments of the colon or in a single segment of the colon.		Single*
M4	Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxx) or fourth (Cxxx) character			Multiple**
M5			Tumors diagnosed more than one (1) year apart	Multiple**

Colon MP Rules - Matrix

NCRA ANNUAL MEETING MAY 4-7,2006 Washington, DC

Too far to drive, too close to fly? Want to avoid heavy traffic, endless hours in an airport, lost luggage, high parking fees, airport shuttle costs?

If you would be interested in traveling to Washington on a “deluxe motor coach” with fellow NC Cancer Registrars, then read on. The cost would be about \$120 per person. There are a lot of details to be worked out, so at this point I simply need to know how many people are interested.

Please complete the information below and return to Leta Vess, lvess@firsthealth.org, or Leta Vess, Cancer Registry, FirstHealth Moore Regional Hospital, PO Box 3000, Pinehurst, NC 28374. I will then contact those interested with more information closer to the event.



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The ANCCR Basic Training Workshop has been sighted in Washington, DC
Melissa Pearson, CTR

No, the ANCCR Basic Training Workshop has not moved to Washington, but much of the great information provided in the workshop has!

One of the goals of NCRA has long been to develop and offer a basic training workshop. As you may recall, ANCCR and the instructors of the workshop, under the direction of Linda Mulvihill, graciously donated all of their materials to NCRA. If you have ever had the opportunity to develop a training (or any other type) presentation, you will understand the magnitude of this donation! The materials, including the presentations, handouts, and exercises, were provided so NCRA would have a strong foundation to develop a workshop of their own. The need for basic education is great and each year the ANCCR workshop is filled beyond the class limit.

Over the past year, I have been serving as chair of the Basic Training Subcommittee for NCRA. This committee was responsible for reviewing the ANCCR materials and developing the agenda for the NCRA workshop. Soon you will be receiving your NCRA Annual Conference Program information. This program will be announcing the availability of the NCRA Fundamentals of Abstracting Workshop. The first workshop will be held concurrently with the annual conference in Washington, DC. Because the NCRA workshop is limited to three days, some of the ANCCR presentations were condensed slightly to focus on the elements crucial to quality abstracting. But, for the most part, it still contains the same great information! I will be teaching several of the modules in Washington and will be present for the entire workshop.

There are two main reasons why I am sharing this with you. First of all, our association should be very proud to have had the opportunity to provide the foundation for this much needed training. The ANCCR workshop has a great reputation, not only in NC, but in other parts of the country as well. During the workshop, NCRA will specifically acknowledge ANCCR and the instructors for their donation.

Second, and I suppose most important, is to tell you the ANCCR Basic Training Workshop will once again be held in August in Asheville with its full spectrum of information. Registration information should be finalized soon and will be posted on the ANCCR website. So, if you are interested in attending or sending someone to a basic training workshop, I hope to see you in ASHEVILLE (not Washington)!

Since I was not able to be at the fall meeting, I would like to take this opportunity to thank the instructors for the time they volunteer to developing the materials, keeping them up-to-date with the latest and greatest changes (and changes, and changes...), and being away from home and work to teach. Carol, Cathy, Inez, Judy, and Linda (for previous years)...thank you!

If you have any questions regarding the workshop, please feel free to contact me.
melissa.pearson@ncmail.net (828) 232-5062

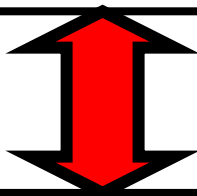
CODING GENERAL STAGE FOR HEMATOPOIETIC DISEASES

SUBMITTED BY: Melanie Rogan, CTR
Manager of Electronic Services
Electronic Registry Systems

A common error when submitting data to the state is coding General Stage for Hematopoietic, Reticuloendothelial, Immunoproliferative and Myeloproliferative Neoplasms. General Stage is no longer required to be collected, but if you do choose to collect it, it must be coded correctly. Even though the field is not required, edits are still run on it if coded. In 2002, SEER released Abstracting and Coding Guide for Hematopoietic Diseases. Some of the requirements have changed for coding General Stage since the release of the SEER Summary Staging Manual 2000. Also, errata have been posted from 08/20/2002 and can be downloaded from the SEER website at

http://www.seer.cancer.gov/tools/ssm/errata_08202002.pdf.

THE ERRATA TO PAGE 280 OF SEER SUMMARY STAGING MANUAL 2000 08/20/2002



1. Add “isolated” and “mono-ostotic” as synonyms for single, solitary, and unifocal.
2. Add “(polyostotic)” after the word “Distant” in code 7.
3. Add “Unknown” to code 9 after the current “Death certificate only case.”
4. Change current Note to Note 1.
5. Add Note 2: Histology codes M-9731/3 and 9734/3 may be coded as 1,7, or 9.
6. Histology codes M-9740/3, M-9750/3, M-9755/3, M-9756/3, M-9757/3, M-9758/3, M-9764/3, and M-9930/3 may be coded as 1, 7, or 9.
 7. Histology codes M-9751/3 and M-9752/3 can only be coded 1 unless Death certificate only (code 9). All other histologies listed above can only be coded 7 unless Death certificate only (code 9).

Running the NAACCR Genedit on these and **ALL** cases are **VERY IMPORTANT!** If these cases are coded incorrectly, the Genedit will catch the error **BEFORE** the cases are submitted to the state. Please see edit below as an example.

Hemato, Summ Stage, Type of Report Srce (NAACCR)

E:SEER Summary Stage must = 7 for this histology

Type of Reporting Source (312) = 1 -

SEER Summary Stage 1977 (529) = 1 -

Histology (92-00) ICD-O-2 (296) = 9823

The General Stage for Histology 9823/3 should have been coded to 7 (Distant).

Letter from Editor:

I can't believe we're into 2006 already. Time has really flown by these past few months. I hope Santa was good to all of you and all of you made New Year's resolutions and sticking to them.

Don't forget to send me your hospital profile. If you didn't get one at the fall meeting or have misplaced your copy, please either call or e-mail me. My phone number is (336) 832-0832 and my e-mail address is adaline.brown@mosescone.com. We want to ensure that all your hospital information is correct before putting the information in the updated hospital book coming out later this year. If your hospital has not been profiled in the newsletter, please let me know if you are willing to do an article for your hospital. It's an informative and fun way to show off your hospital and registry.

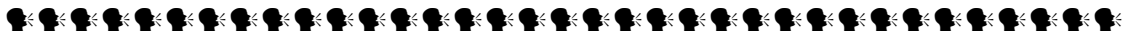
Recently there have been two deaths in the ANCCR Family. Lindy Harrison (one of the registrars at Presbyterian) died unexpectedly Feb 3rd. She had a 8 year old and 17 year old. You can send sympathy cards to: Harrison Family, % Sarah Abraham, 505 Patterson St, Charlotte, NC 28205. (Sarah is her sister.) Leta Vess's father died last week. You can send sympathy cards to Leta at: Leta Vess, PO Box 3000, Pinehurst, NC 28374. Please remember these families in your thoughts and prayers.

The deadline for submission of articles for the Mar/Apr issue is March 15th. If you have any ideas or articles of interest for the newsletter, please send them to: adaline.brown@mosescone.com



.Reminders and Updates

- ❖ HIGHLIGHTED version to the FORDS manual and updates of changes as of 10/11/05 available at: http://www.facs.org/cancer/coc/fords_manual.html
- ❖ Replacement pages for Collaborative Staging Manual Part 1, Version 01.00.00 incorporating minor page corrections thru July 15, 2005 available on the AJCC website: <http://www.cancerstaging.org>
- ❖ Summary for coding Class of Case O tumors available at: <http://www.facs.org/cancer/ncdb/class0.pdf>
- ❖ NAACR 2006 implementation Guidelines and Recommendations: <http://www.facs.org/cancer/coc/naacr2006.html>
- ❖ New Fords Errata for 2006 cases: <http://www.facs.org/cancer/coc/fordsmanual.html>
- ❖ Save time editing in the future- download and edit with each newly abstracted case: <http://www.facs.org/cancer/ncdb/newlyabstracted.html>



Tidbit of Useful Information from the Inquiry and Response System

www.facs.org

- ❖ "Abstracted data for cases diagnosed and/or treated at the facility after the cancer registry reference date are retained in perpetuity. Abstracted data for cases diagnosed and/or treated at the facility prior to the reference date are deleted or archived. All other documentation of cancer program and cancer registry activity meet the facility standard for retention of documents or five years, whichever is longer. See page 33 of the Cancer Program Standards 2004 Manual. If the accession log is paper-based, you keep only those logs from the reference date forward". (referenced from 1/12/06 Cancer Program Standards)

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