



The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Fall 2018

Message from the President: Kelly A. Lowrance, RHIT, CTR

I hope everyone is doing well after Hurricane Florence and Hurricane Michael. It sure has been a devastating hurricane season this year for our beautiful State. Please keep those affected by these storms in your prayers.

Unfortunately, due to Hurricane Florence, the ANCCR Fall Meeting had to be cancelled. I'm not sure about you, but I was looking forward to this meeting. Time at the beach listening to the ocean.... Oh and the agenda looked informative too!! ☺

A lot of time and effort went into planning this meeting. I would like to thank the staff at New Hanover for offering to host the meeting. And to ALL the people (too many to name) that helped arrange hotel accommodations, speakers, vendors, door prizes, etc. THANK YOU!!!

Refunds for registrations are in the process of being mailed out. If you have not received your refund within the next couple of weeks please contact the ANCCR Treasurer, Jenny Konrad, at JKONRAD@wakemed.org.

Voting opened on Monday, October 8th and closed on Monday, October 22nd at 5:00pm. Thanks to everyone that voted.

I hope everyone is adjusting to all the new abstracting changes. It is a very challenging time in the CTR world, but we have learned to adjust to the non-stop changes through the years. Let's think positive and remember these changes are for the good of our data and the people that use it.

I hope everyone has a wonderful and blessed holiday season!!

Election Results - New Officers are:

President – Kelly Lowrance
Vice-President – Angela Rodriguez
Secretary – Jessica Rollings
Treasurer – Christine Smith

Congratulations!

ANCCR's Executive Board 2018-2019

Office	Name	Email
President	Kelly A. Lowrance, RHIT, CTR	kalowrance@novanthealth.org
Immediate Past President	Jenean Burris, RHIT, CTR	jburris@wakehealth.edu
Vice President	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
Secretary	Jessica Rollings, CTR	jessica.rollings@certicoderegistry.com
Treasurer	Christine Smith, CTR	csmith@mycrstar.com
Committee		
Committee	Name	Email
Bylaws	Adaline Brown, RHIT, CCS, CTR	abrown@certicoderegistry.com
Education	Kimberly Swing, CTR	Kimberly.swing@duke.edu
	Karen Knight, CTR	Karen.knight@duke.edu
Educational Scholarship	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
Facebook Administrator	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
Grants & Vendors	Paige Tedder, CTR	Paige.tedder@carolinashealthcare.org
	Kathleen Foote, CTR	kathleen.foote@unchealth.unc.edu
Historian	Deborah Poovey, CTR	dpoovey7@gmail.com
Membership	Jenean Burris, RHIT, CTR	jburris@wakehealth.edu
Nominating	Isaiah Zipple, CTR	isaiah.zipple@unchealth.unc.edu
Program Coordinator	Deborah Carrethers, CTR	dgcarrethers@novanthealth.org
Publications	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
Web Site Coordinator	Cathy Rimmer, BA, MDiv, CTR	cgrimmer@novanthealth.org
Ways & Means	Kisha Raynor, CTR	kisha.raynor@carolinashealthcare.org
	Kimberly Bobbitt	
Liaisons		
Liaisons	Name	Email
A4C Liaison	Kathleen Foote, CTR	kathleen.foote@unchealth.unc.edu
NCRA Liaison	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
NC CCR Liaison	Melissa Pearson, CTR	Melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

SC/GA Regional Educational Conference

November 5-7, 2018 - North Charleston, SC

ANCCR Educational Conference

September 2019 – Concord, NC

NCRA Educational Conference

2019 – May 19-22, Sheraton Denver Downtown Hotel, Denver, CO

2020 - May 31-June 3, Orlando, FL

2021 - April 14-17, Indianapolis, IN

2022 - April 6-9, Washington, DC



MEMBERSHIP

Jenean Burris, RHIT, CTR

There are 143 ANCCR members as of 10/8/18.



EDUCATION REPORT

Kimberly Swing, CTR and

Karen Knight, CTR

Educational Opportunities:

NCRA Center for Cancer Registry Education - <http://www.cancerregistryeducation.org/>

Access to high-quality educational programming to support both seasoned professionals and those new to the field, included are programs related to AJCC 8th Edition. Most are fee based.

NCRA Registry Resources - <http://www.cancerregistryeducation.org/rr>

A series of informational abstracts and presentations that show registrars how to use these important resources, these site-specific abstracts provide an outline to follow when determining what text to include. FREE

NCRA Case Studies - <http://www.ncra-usa.org/About/Store/Store-Professional-Resources>

Practice Assigning AJCC TNM Stage, two sets of answers are included, one using the 7th Edition; the second using the 8th Edition along with the rationale for the correct 8th Edition answers. Member Price: \$89.00 Non-Member Price: \$145.00.

SEER Educate - <https://educate.fhcrc.org/>

Improve technical skills through applied testing on the latest coding guidelines and concepts. Complete practice abstracts and earn up to 20 CE credits per cycle. FREE

<http://www.ncregistrars.com/> - Archived NAACCR webinars worth 3 CE credits each

<https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx> AJCC

Disease site Webinars, no CE credits earned, archived webinars available

<https://education.naacccr.org/freewebinars> - NAACCR Talks are free webinars on topics of concern to the NAACCR membership. View recordings of the live webinars for no charge.

AJCC:

View recordings of the live webinars for no charge.

7th Edition Webinars - <https://cancerstaging.org/CSE/Registrar/Pages/Seventh-Edition-Webinars.aspx>

8th Edition Webinars- <https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx>

Disease Site Webinars - <https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx>

AJCC Curriculum - <https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

Registrar's Guide to Chapter - <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

AJCC TNM Category Options - <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>



<http://www.ncregistrars.com/>

ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series.

Each webinar is three hours (3 CE's) and will be presented on the first Thursday of each month. After the LIVE version, a link to the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month. The sessions are 9:00 am – 12:00 pm.

Host sites:

- Wake Forest Baptist Medical Center, Winston-Salem, NC
Contact: Jenean Burris: jbarris@wakehealth.edu
- Carolinas Medical Center, Charlotte, NC
Contact: Paige Tedder paige.tedder@carolinashealthcare.org
- UNC Rex Hospital, Raleigh, NC
Contact: Kathleen Foote Kathleen.foote@unchealth.unc.edu
- Vidant Medical Center, Greenville, NC
Contact: Merrill Bright Merrill.bright@vidanthealth.com

NAACCR webinar schedule:

- 11/1/18 Collecting Cancer Data: Pharynx
- 12/6/18 Collecting Cancer Data: Breast
- 1/10/19 Collecting Cancer Data: Testis
- 2/7/19 Collecting Cancer Data: Colon
- 3/7/19 Boot Camp
- 4/4/19 Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
- 5/2/19 Collecting Cancer Data: Neuroendocrine Tumors
- 6/6/19 Collecting Cancer Data: Ovary
- 7/11/19 Hospital Cancer Registry Operations – Topic TBD
- 8/1/19 Solid Tumor Rules
- 9/5/19 Coding Pitfalls

Coding, Staging and Abstracting Resources:

*Online version of IDC-O-3 <http://codes.iarc.fr/codegroup/2> ICD-O-3 2018 new coding guidelines found at- <https://www.naacr.org/implementation-guidelines/#ICDO3>

*SEER Summary Stage 2018 <https://seer.cancer.gov/tools/ssm/2018-Summary-Stage-Manual.pdf>

*SEER 2018 updated case finding list can be found at- <https://seer.cancer.gov/tools/casefinding/>

*SEER RX- <https://seer.cancer.gov/seertools/seerrx/>

*SEER*RSA- SEER Registrar Staging Assistant website can be used to code EOD, Summary stage, SSDI's and TMN data- <https://staging.seer.cancer.gov/>

*Hematopoietic and Lymphoid Neoplasm Database-

<https://seer.cancer.gov/seertools/hemelymph/>

*Solid Tumor Rules- <https://seer.cancer.gov/tools/solidtumor/>

*NAACCR- Site specific data items (SSDI/GRADE)- <https://apps.naacr.org/ssdi/list/>

*NAACCR- Recording of Grade webinar and New Radiation Coding Rules webinar-

<https://www.naacr.org/2018-implementation/#Education>

*STORE - The new STORE manual is finally here-

https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx

*AJCC- Errata for 8th edition AJCC is available at <https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx> - includes many corrections!

*CCARM- New edition will be released once all other changes are released.

*Informational Abstracts <http://www.cancerregistryeducation.org/rr>

SOMETHING NEW TO REVIEW



Could your gut microbes hinder your cancer treatment? A new first-in-human trial investigates: <https://theconversation.com/could-your-gut-microbes-hinder-your-cancer-treatment-a-new-first-in-human-trial-investigates-99728>

Tumor-treating field therapy looks beyond brain cancer-

<https://www.onclive.com/publications/oncology-live/2018/vol-19-no-15/tumortreating-field-therapy-looks-beyond-brain-cancer>

Website Report

Cathy Rimmer, CTR

Webinars

Continue to post link to the recorded NAACCR webinars for members only

Contact Us

Receive emails through this link almost weekly – main topics

1. Fall meeting
2. Membership
3. Students looking for site for clinical rotation – need formal referral process

NC Advisory Committee on Cancer Coordination and Control (A4C) Report

Kathy Foote, CTR

Care and Treatment Subcommittee Workday

On 8/3/18 I attended the Care and Treatment Subcommittee Workday. Co-chairs are Robbie Tilley, ACS, and Dr. Steve Patierno, DUMC. As a reminder, there are 3 subcommittees that I may attend – Care & Treatment, Early Detection, Legislative & Education, and Prevention. A4C has asked each subcommittee to review and update their responsibilities to share with committee at next meeting in November.

Highlights from the workday:

Upcoming Events:

- September 8th (am) & 9th (pm), 2018. Duke 27th Annual Men's Health Initiative, Durham. FREE. Over 250 underserved men participated last year. Full follow up by patient navigation. Testing includes PSA & HIV.
- Tobacco Prevention Program – all public housing smoke free as of July 31st. Cessation classes are available in public housing. The American Lung Association is training residents as counselors.
- September 7, 2018, Wake Forest offering 3 hour seminar on Vaping.
- Tuesday, October 9, 2018. ACS 9th Annual Cancer Research Symposium. Barriers to clinical research for patients. Sponsored by UNC Lineberger, Duke and WFBMC.

Care and Treatment Subcommittee discussed:

- Friday, October 26, 2018 12:00pm – 3:00pm. "Engaging Primary Care and Family Practice Doctors in Oncology and Patient-centered Cancer Care Symposium" at Catawba Valley Medical Center, Hickory, NC. Registration \$25.
- Changes to upcoming symposium. Focus on patient centered care for PCPs in rural areas.

- Encourage attendance.
 - Need to apply for CEUs in addition to CMEs to address RNs, NPs.
 - Investigate credits directed to PCPs to help encourage attendance.
 - Very few Onco trained PCPs
- Program focus supports NCI focus on rural cancer.
- Dr. Patierno shared Duke has 2 rural cancer working groups in Vance and Granville counties.
- CDC focus on community clinical relationship.

- Purpose/Vision/Priority Areas (aka snapshot):
 - Subcommittee was reviewed and edited the purpose, vision and priority areas. Discussed 2017-2018 interventions and strategies. Goal to compile into one page snapshot for distribution.

- News Flash Evaluation Plans:
 - Discussed relevance of News Flash; access; possible means to survey/evaluate success; alternative communication tools.

- ACS 2018 Legislative Priorities in North Carolina:
 - ACS CAN Recommends Evidence-Based Tobacco Control Strategies.
 - ACS CAN Supports Access to meaningful, Affordable Health Care Coverage.
 - ACS CAN Supports Improving the Quality of Life for North Carolinian's Through Palliative Care.
 - September 26th, 2018 Light of Hope, Lincoln Park, Washington DC. Robbie will be attending the annual lobby day.

The New Member Orientation to A4C has yet to be scheduled.

The next scheduled A4C meeting is Friday, November 2, 2018.



Summary Description of Standing Advisory Committee Subcommittees

All subcommittees should include work toward the implementation of the NC State Cancer Control Plan. In addition, their work may include activities such as those outlined below:

Prevention

The Prevention Subcommittee promotes healthy behaviors and environments that reduce the risk of developing cancer. Areas include, but are not limited to, nutrition and physical activity, tobacco use reduction, ultraviolet radiation, and chemoprevention.

Early Detection

The Early Detection Subcommittee works to expand the appropriate use of proven cancer-related early detection modalities and appropriate follow-up abnormalities. Areas include, but are not limited to, colorectal, breast and cervical, prostate, endometrial, oral, ovarian, skin, and testicular.

Care

The Care Subcommittee addresses a continuum of services from cancer diagnosis to treatment, care, survivorship, and palliative care. Some tasks of the Care Subcommittee are to identify and reduce financial, geographic, and other barriers to cancer diagnosis, treatment, and health care services as well as pain control, patient navigation and survivorship in North Carolina.

Evaluation, Surveillance and Research

The Evaluation, Surveillance and Research Subcommittee conducts an assessment of partners' activities and participation in meeting the goals and objectives related to the NC State Cancer Control Plan. The subcommittee will provide surveillance in the monitoring and review of the data regarding the health of the populations. The subcommittee will also assist with research regarding position statements, data for the NC State Cancer Control Plan and white papers. This may include recruiting medical interns for research assistance.

Legislation and Education

The Legislation and Education Subcommittee is made up of legislators and Advisory Committee members who provide policy and funding support for cancer control in North Carolina. The goal of the Legislation and Education Subcommittee is for awareness of needed policy change and legislative passage as well as funding support for cancer control in North Carolina. The Advisory Committee Chair will be the ex-officio for this subcommittee.

2018 Legislative Priorities in North Carolina



Defeating cancer is as much a matter of public policy as scientific discovery. Lawmakers play a critical role in determining how much progress we make in the fight against cancer. ACS CAN supports proven legislative measures that help save lives in support of our mission to end cancer as a major public health problem.

ACS CAN Recommends Evidence-Based Tobacco Control Strategies

- Restore \$17M recurring funding for state-wide and local prevention programs to prevent children from using tobacco and e-cigarettes and for tobacco cessation programs to help adults quit tobacco.
- Support an increase in the cigarette tax by at least \$1.00 per pack, along with an equivalent increase on other tobacco (non-cigarette) products, generating over \$453 million a year in state funds. Significant increases in tobacco excise tax significantly reduces the risk of children from starting tobacco and helps those who want to quit.
- Protect children, nonsmokers, and employees from the deadly effects of secondhand smoke by preserving and expanding our smoke-free and tobacco-free laws.

ACS CAN Supports Access to Meaningful, Affordable Health Care Coverage

- Advocate to increase the number of people in North Carolina with affordable access to quality healthcare by closing the health insurance coverage gap which will provide health care for a significant number of very low-income, adults without dependent children who are not eligible for any state or federal health care assistance.
- Preserve \$1.5 million recurring state funding for the North Carolina Breast and Cervical Cancer Control Program, which provides preventive cancer screenings for women who are uninsured or underinsured, and advocate to eliminate barriers for medical treatment for uninsured and underinsured women diagnosed with breast and cervical cancer.
- Advocate to ensure cancer patients have access to crucial lifesaving chemotherapy medications by ensuring that insurance companies do not charge higher out-of-pocket costs for oral chemotherapy than they do for chemotherapy administered through an IV.

ACS CAN Supports Improving the Quality of Life For North Carolinian's Through Palliative Care

- Promote improved quality of life for cancer patients and cancer survivors by advocating to increase the availability of patient-centered and family-focused palliative care and support for patients and families facing serious medical illness.
- Advocate to raise the profile of palliative care as a significant area of opportunity of improving overall healthcare in North Carolina with the passage of legislation to establish the Palliative Care and Quality of Life Advisory Council to advise the state on matters related to palliative care in North Carolina.

American Cancer Society Cancer Action Network
8300 Health Park Raleigh, NC 27615
Contact: Christine Weason, Lobbyist, at Christine.Weason@cancer.org or 919-270-4428

REPORT FROM THE NC CENTRAL CANCER REGISTRY Melissa Pearson, CTR

Staffing Changes:

Please join us in welcoming Yang Yue and Wenwen Guo to our statistician team and congratulating Lora Stroud, CTR on her promotion to a Senior QC Specialist position and Laura DeFino, CTR on her promotion from ODA to a QC Specialist position!

Congratulations to Tamara Tippit, CTR on passing the CTR Exam!

SUBMISSION OF 2018 CASES

COMMUNICATE CLOSELY WITH YOUR VENDOR TO MAKE SURE YOUR SOFTWARE HAS BOTH THE 2018 NC REQUIREMENTS AND EDIT METAFILE BEFORE COMPLETING AND SUBMITTING 2018 CASES.

PLEASE MAKE EVERY EFFORT TO COMPLETE AND SUBMIT ALL 2017 AND EARLIER CASES BEFORE CONVERTING YOUR SOFTWARE TO 2018.



“It’s Just One Case”

The NC CCR has been working with public health officials on another cancer cluster investigation. This one related to thyroid cancer in the Lake Norman area. Below is an article that was released in June announcing some of the initial findings. While the study is still ongoing, the media loves “Breaking News” opportunities!

What does this have to do with us? This is only one example of the importance of casefinding and being diligent in ensuring that every reportable case is submitted to the CCR. It explains why CCR’S may question facility case counts and are particular in making sure there is a valid reason for any decreases in the number of cases submitted.

Let’s take this study for example. We don’t think of thyroid cancer as being a “major” cancer. In fact, the average number of cases per year is relatively low. However, the lower the case count, the greater impact variances in case counts can have. When conducting a cluster investigation, the first step is to make sure we have every case in the investigation area. If you work in an area where cluster investigations have been conducted, you are all too aware of the phone call asking you to conduct a very thorough review to make sure cases have not been missed. And, we often find a few more cases! With cancers that have a low incidence count to begin with, like thyroid, a handful of missed cases can have a large impact when evaluating the distribution of cases across the state.

More importantly, we can’t stop there. To make sure the numbers for the study area aren’t biased, case reporting must be just as complete throughout the entire state for all cancers as we don’t know when the next cluster investigation will arise or what cancer the focus will be on.

To be prepared, and to be confident in the completeness of our data, thorough casefinding must be an everyday practice by everyone!

If you ever find yourself struggling to find time to investigate and resolve issues with casefinding, remember, it’s not just one case! Be cognoscente about changes in your facility that could affect your casefinding process. And be meticulous in ensuring that every case is reported. Because...

Every case DOES count!

A screenshot of the 'The Progressive Pulse' website. The main article is titled 'BREAKING: DHHS investigating suspected cancer cluster near Lake Norman'. The article text includes: 'In preparing the assessment, the state's Central Cancer Registry and the Division of Public Health concluded that from 1995 to 2016 the observed number of thyroid cancer cases in the 28115 Zip Code was two times the expected number.' A red box highlights this paragraph. Other text in the article mentions that two areas near Lake Norman have reported statistically higher than expected incidences of thyroid cancer, and that the state undertook the analysis because of community reports of thyroid cancer, including several cases involving teenage girls. A map of the Lake Norman area is also visible.

Here are two additional articles that may be of some related interest to cancer clusters:

- <https://www.cancercenter.com/discussions/blog/cancer-cluster-causes-seem-obvious-so-why-are-they-so-hard-to-prove/>
- <https://www.cancercenter.com/discussions/blog/the-dangers-of-fake-medical-news/>

A screenshot of a blog post from Cancer Treatment Centers of America (CTCA). The title is 'Cancer cluster causes seem obvious, so why are they so hard to prove?'. The post is dated May 23, 2018. The image shows a network of people icons connected by lines, symbolizing a cluster or community.

A screenshot of a blog post from Cancer Treatment Centers of America (CTCA). The title is 'The dangers of fake medical news'. The post is dated April 06, 2017. The image features a large graphic with the words 'BREAKING NEWS' and 'FAKE' in a magnifying glass, with 'Exclusive Exclusive Exclusive' written below.

STORE 2018 is Finally Here! Ruth Maranda, LPN, CTR



The STORE has been released! This is great news! The “most recent” version (as of 9/21/2018) now allows you to use the Comment, Markup and Typewriter Tools. For those of us that like to highlight and make notes in our books, this is even better news!

Glad it is finally released, **BUT...** it is how many pages? Over 500! Do you find yourself saying, “I don’t have the time to read that whole book”? You will note that the STORE has much of the same information as the FORDS. Below is a summary of the changes you should take particular note of. Focus on reading these sections in detail **FIRST**. Then, over time, hopefully you can review the entire manual.

The Table of Contents is really, really, long (30 pages!) due to hyperlinks for each section of the coding instructions for each data item. The following does reference page numbers -- the number in the footer (the one you would see at the bottom of the page if you were to print it out) and the PDF electronic page number. Hopefully they will continue to improve the formatting of the PDF document, but in the meantime, using the Bookmarks Navigation Pane can be VERY helpful!

Be sure to read the Preface 2018 *first* (starting on PDF pg 35, paper pg 2). This provides an overview to the changes in data collection requirements, such as those to related to Stage, data items no longer required (such as Comorbidities/Complications) and new data items now required.

Be sure to read the paragraphs in the Case Eligibility and Overview of Coding Principles (starting on PDF pg 47, paper pg 14) related to 2018 changes. Especially:

- Ambiguous Terminology Lists
- Occult Cervical Lymph Node
- Cutaneous Carcinoma of the Head and Neck
- Comorbidities and Complications/Secondary Diagnoses

Last, be sure to read the updates from the FORDS 2016 in Appendix A (PDF pg 471, paper pg 438) along with the associated pages in the coding instructions section.

<https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>

Data Item/Topic	Summary of Change	PDF Page #	Footer Page #
AJCC 8 th Edition Staging	Added new data items https://cancerstaging.org/references-tools/Pages/Cancer-Staging-Resources.aspx	225-261	192-228
Summary Stage 2018	Added new data items https://seer.cancer.gov/tools/ssm/	223-224	190-191
2018 Grade	Added new data items https://www.naaccr.org/SSDI/Grade-Manual.pdf	172-174	139-141
2018 SSDI	Added new data items https://www.naaccr.org/SSDI/Grade-Manual.pdf	262-263	229-230
Sentinel and Regional Nodes	Added new data items	190 – 205	157-172
Radiation	Added new phase-specific data items	304- 377	271- 344
Follow-up	Added new data items	38, 424	5, 391
Coding System	Added codes for 2018	459 – 466	426 – 433
Mets at DX – Other	Added new code: 2 - Generalized metastases such as carcinomatosis	221 - 222	188 - 189
Tumor Size Summary	Minor coding clarifications	207	174
Lymphovascular Invasion	New codes and updated instructions	185 – 189	152 – 156
APPENDIX B: Site-Specific Surgery Codes	Clarification for SKIN: Updated to state “1 cm or more”.	499	466
Ambiguous Terminology	Clarified to use as “Last Resort”	48 - 50	15 – 17
Appendices	Updated	471 – 539	438 – 506

The BEST News is... there will be NO CHANGES in cancer data standards in 2019!

Any changes will be implemented for 2020.

Brain and Other CNS - Brain Molecular Marker SSDI is Required by the NC CCR!

Just when you thought you were going to get a break... There are 130 SSDI's and the CoC requires 129 of them. However, the ONE SSDI that the CoC does not require, CCR's DO require! Because CCR's report data to CBTRUS, CCR's must require that the Brain Molecular Marker SSDI be collected. Be sure that this SSDI is collected in addition to the CoC required SSDI's.

In summary, this SSDI is collected when:

1. The histology is 9400/3, 9401/3, 9440/3, 9450/3, 9451/3, 9471/3 or 9478/3
 - a. If it is not one of these histologies, assign code 85.
 - b. If the tumor is benign/borderline, assign code 86.
 - c. The new ICD-O-3 code 9445/3 applies to Glioblastoma, IDH-mutant. If testing confirms IDH-mutant status in Glioblastoma, use code 9445/3 and assign code 85 in this SSDI.
2. AND additional Molecular Markers (specified in the table below) have been done.
 - a. If the histology is one of those listed above and no further testing is done, assign code 99.

AJCC 8th Edition Chapter(s): Chapter 72, Brain and Spinal Cord

Molecular markers are standard pathology components necessary for diagnosis. This SSDI captures clinically important brain cancer subtypes identified by molecular markers that are not distinguishable by ICD-O-3 codes.

Coding Instructions and Codes

Physician statement of histologic subtype can be used to code this SSDI. Only one code is applicable for each tumor.

Molecular Marker	Distinguishes between subtypes within ICD-O-3 codes:
IDH mutation status	9400/3 Diffuse astrocytoma and 9401/3 Anaplastic astrocytoma
IDH mutant and 1p/19q co-deletion	9450/3 Oligodendroglioma and 9451/3 Anaplastic Oligodendroglioma
IDH-wildtype	9400/3 Diffuse astrocytoma, 9401/3 Anaplastic astrocytoma and 9440/3 Glioblastoma, Epithelioidglioblastoma and Glioblastoma, NOS
SHH-activation and TP53-wildtype	9471/3 Medulloblastoma
C19MC alteration status	9478/3 Embryonal tumor with multilayered rosettes

Examples:

1. Biopsy of brain tumor: Diffuse Astrocytoma (9400/3). Additional tests identified an IDH-mutant. Code 01.
2. Biopsy of brain tumor: Anaplastic astrocytoma (9401/3). No further testing. Code 99.
3. MRI of brain tumor: Glioblastoma (9440/3). No further workup, so a clinical diagnosis only. Code 99.
4. Biopsy of brain tumor: Mixed glioma (9382/3). Since it is not one of the listed histologies, code 85.

Code	When Histology Code is:	And Additional Testing Identifies:
01	9400/3 Diffuse astrocytoma	IDH-mutant
02	9400/3 Diffuse astrocytoma	IDH-wildtype
03	9401/3 Anaplastic astrocytoma	IDH-mutant
04	9401/3 Anaplastic astrocytoma	IDH-wildtype
05	9440/3 Glioblastoma	IDH-wildtype
06	9450/3 Oligodendroglioma	IDH-mutant and 1 p/19q co-deleted
07	9451/3 Anaplastic oligodendroglioma	IDH-mutant and 1p/19q co-deleted
08	9471/3 Medulloblastoma	SHH-activated and TP53-wildtype
09	9478/3 Embryonal tumor with multilayered rosettes	C19MC-altered
85	Not one of the histologies listed above	Not applicable
86	Any Benign or Borderline tumors	Not applicable
87	Any of the above and...	Additional tests ordered but results not in chart
99	Any of the above but...	Additional tests were not done. Or it is not known if additional test were done. Or, there is was no microscopic confirmation.

EDUCATIONAL SCHOLARSHIP
Inez Inman, BS, RHIT, CTR

Congratulations to Carly Kendall, CTR who is the winner of the 2018 Educational Scholarship. Carly is a new CTR and is looking forward to attending ANCCR's Education Conference next year! Below is Carly's essay.

**Big Picture Thinking: Tell Us How You as an Individual and ANCCR
as an Organization Need to
See the Big Picture to Plan for the Future**

When I first saw the topic, "Big Picture Thinking" for this essay, one word came to mind. That word is learning. Learning is central to a cancer registrar being able to effectively do his or her job. I am not simply referring to the type of learning that cancer registrars are always doing for their jobs, such as the changes to AJCC Staging. While that type of learning is very important and always will be, I feel that learning more about the experiences of the patients and their caregivers is equally important.

My guidepost and inspiration for becoming a cancer registrar has been my mother. She lost her battle with leukemia, but she inspired this career for me. I'm sure many of us have similar inspirations and if we remember the patients and families we serve, and if we learn more about their experiences, I feel we will become more passionate about the work we are doing. And as a result, more passionate about the quality of the data we are collecting. As individuals, we can remember to think about the patients, their stories, and how important their cancer stories are to future patients and families. As an organization, ANCCR can give us opportunities to learn more about the effects of a cancer diagnosis on an individual and his or her family. They can give us opportunities to learn more about treatments and the effects on the patients and what the medical team does for the patients to help make treatment more tolerable. We can only benefit from learning more about patient experiences and anything that adds to our knowledge will benefit the facility we are working for and the data we are collecting.

In addition to learning more about patients' experiences, we should also have opportunities to learn in more detail how our data is being used. We already know there are many uses for our data, but the data may be used in ways we are not even aware of yet and learning these ways can also inspire us to see the Big Picture. Everything we are doing today can have an impact on patient care in the future and the more we learn about every phase of patient diagnosis, treatment and use of data, the better the future looks for other patients whose stories have not begun yet. Things change very quickly in the field of cancer and it is important for us to change with it and keep learning every day.

In conclusion, I feel that learning is the key to seeing the Big Picture for the future of not just cancer registrars, but also for the patients. The data we are collecting today, can be used to change the future for someone else. And the more we learn about what we do and why we do it, I feel we become more dedicated to doing our jobs well. I am a new CTR and I am looking forward to working hard, learning more, and hopefully making a difference for the future. Thank you for your consideration and thank you for the opportunity to learn.

