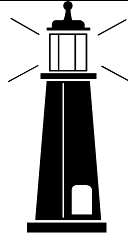

The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Fall 2022

Message from the President: Angela Rodriguez, CTR

To My Fellow ANCCR Members-

The summer has finally come to an end and in North Carolina the leaves are changing. I hope you are enjoying this time with your families. We just had instatement of our board members. I want to thank them for their continued hard work in our Association.

Our virtual Fall meeting was on September 13-14, 2022, and had good attendance. I want to give a special thanks to everyone who worked to make this meeting a success, our speakers for volunteering their time to educate all of us and thank you to those who attended. We did receive the evaluation forms and we have feedback on topics to cover for our next meeting.

I want to thank you for the opportunity to serve as the President of ANCCR. I look forward to working with my fellow board members and ANCCR members.

Membership dues can now be paid online. Please go to https://ncregistrars.com to pay those dues so you have access to the NAACCR webinars, job postings, and any important announcements.

If anyone is interested in volunteering, please let me know. We would love to see fresh faces and have fresh ideas on our committee boards. Please email me if you would like information on any of the committees we have. Also, go ahead and start thinking about next year and if you would like to be a voice on our board at ANCCR.

During my tenure, if you have any questions or concerns, please feel free to email me at angela.rodriguez@adventhealth.com.

Angela Rodriguez

ANCCR's Executive Board 2022-2023

Office	Name	Email
President	Angela Rodriquez, CTR	angela.rodriquez@adventhealth.com
Immediate Past President	Amy Arnold, BA, CTR	aarnold@mycrstar.com
Vice President	Cathy Rimmer, BA, MDiv, CTR	ccrimmer@novanthealth.org
Secretary	Carol Brown, CTR	carol.brown@unchealth.unc.edu
Treasurer	Laura Alberti	lsalberti@novanthealth.org
Committee	**Name**	**Email**
Bylaws	Adaline Brown, RHIT,CCS,CTR	abrown@q-centrix.com
Education	Kimberly Swing, CTR	kimberly.swing@duke.edu
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ANCCR Resource Manual	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov
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A4C Liaison	Deanna Gibson, CTR	deanna.gibson@mercy.net
NCRA Liaison	Angela Rodriguez, CTR	angela.rodriguez@adventhealth.com
NC CCR Liaison	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov
ANCCR Resource Manual	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

ANCCR Educational Fall Meeting

2023 - In-person vs Virtual - TBD

NCRA Educational Conference

2023 – May 7-10, San Diego, CA
2024 – Indianapolis, IN

TREASURER REPORT
Laura Alberti

ANCCR 2022 Third Quarter Treasurer Report

Beginning Balance 06/30/2022:	
Checking :	$13,167.93
Money Market:	$21,620.21
Total	$34,788.14
Deposits:	
Bank Interest Earned	$5.45
NCRA Annual Conference Registration	$11,069.50
NCRA Registration Rebate	$1,516.00
2022 Fall Virtual Conference	$4,150.00
Membership Dues	$567.96
Expenses:	
Bank Statement Charges	$45.00
Total Deposits Checking	$17,303.46
Total Deposits Money Market	$5.45
Total Expenses Checking	$45.00
Total Expenses Money Market	$0.00
Ending Balance 09/30/2022:	
Checking:	$30,426.39
Money Market:	$21,625.66
Total	$52,052.05

MEMBERSHIP
Jenean Burris, RHIT, CTR

It's that time of year! Time to renew your ANCCR Membership for 2023. And guess what….you can do it ONLINE and save your check and stamp! There is a small fee to cover the charges occurred from using PayPal. https://www.ncregistrars.com/content/online-membership-application-and-payment
We had a record number of members for 2022 with 154 members from all over the United States!
If you have questions about membership send me an email jburris@wakehealth.edu .

WEBSITE REPORT
Cathy Rimmer, BA, CTR

The Job Postings have been updated and non-active postings have been deleted.

A4C Liaison
Kathleen Foote, CTR

A4C Subcommittee Workday Meeting met virtually on Friday, August 5, 2022

2020-2025 Cancer Plan Goals and Strategic Actions

Goal 1 Reduce cancer risks by supporting health behavior change in North Carolinians.
Goal 2 Increase cancer screening and early detection of cancer.
Goal 3 Improve access to cancer care, enhance care coordination and quality treatment.
Goal 4 Improve the knowledge and understanding of cancer, cancer care and the relationship between cancer and other chronic disease among health-care professional and the general public.

Priority Cancer Sites

Lung, Colorectal, Female Breast, Prostate, Cervical and Melanoma

General Session – Subcommittee Report Out/Updates
Prevention – Kearston Ingraham, Ronny Bell

- Cervical Cancer HPV workgroup teamed w/HPV taskforce. Developed "Train the Trainer" webinar on HPV vaccination. HPV webinar help on March 4th was attended by 102 people. 83 surveyed had positive response to webinar, 85% promote HPV vax in educational community events, 91% confident to talk to parents about HPV vax.

Early Detection – Jenni Danai, Vicky Fowler

- Purpose promote & deliver ca screenings; educate community and providers on appropriate screening; underserved areas & populations; education, policy, systems thru health equity lens;
- ACS – get screened campaign; reach out to certain areas win state found to be high populations for lung ca; Rowan, Davidson, Randolph counties; Colorectal – Granville, Vance, Halifax, Warren, Northampton – AA population
- Lung ca screening enduring materials w/AHEC – avail now for free to distribute to providers, organizations; courses online 20 minute segments;
- Lung Cancer enduring material...https://www.easternahec.net/courses-and-events/60333/lung-cancer-education-for-primary-care-physicians
- Duke-UNC Tobacco Treatment Specialist Training website is at https://www.dukeunctts.com/

- NC Standard and Tailored Plans go tobacco free by December 1! Think of it as a LIFELINE rather than a deadline :-)https://medicaid.ncdhhs.gov/blog/2022/01/25/north-carolina-standard-tailored-plan-tobacco-free-policy-requirement

Care & Treatment – Dan Carrizosa, Shannon Pointer
- Palliative care – misinformation & confusion; benefits from pall care; webinar Sept 22nd noon-1p – Dr. Arif Kamal, ACS, Duke Speaker champion pall care; will be recorded & avail online
- Met w/hosp grps in underserved areas; issues – how to get it in diff areas; pall care quality cooperative to assist w directory; finding resources/information challenging
- Survivorship – summit provided by cancer branch annually; find diff ways to look at summit how it can be done & involve partners; suggestions/ideas?; $$ tighter;
- Education materials on website -

Legislation – Erica Smith
- Medicaid – certificate of need reform taking over as controversial issue; waiting to see if senate & governer & hosp systems can find a path forward allow for final healthcare bill that includes Medicaid expansion; next session cpl wks;
- Jim Martin – recurring $$ for BCCPP; no other ca related $$ or bills passed; nothing carried over to short session; mid-Jan 2023 long session; intro tobacco 21 bill includes permitting & access to youth; tob prevention/cessation funding; Juhl settlement; prostate screening bill; breast ca diagnostic parity bill; med marijuana back on agenda for long session; radon bill introduced but not moved; ca cluster bill (UNC/NCCCR) introduced but not moved, policy related bill for addn'l staff at NCCCR to analyze data/publish etc;

Care & Treatment Subcommittee met virtually on Friday, August 5, 2022

1. Palliative Care Rural Health Initiative – inc awareness; speak to critical access hospitals at meeting; dev NC directory/mapping pall care; all-inclusive resource; don't have list like hospice; There are two bills we are following at the federal level. Palliative Care and Hospice Education and Training (PCHETA) Act (S. 4260) and Expanding Access to Palliative Care for Seniors Act(S. 2565).
2. Webinar September 22, 2022, 12:00 – 1:00, Dr. Arif Kamal
   FREE, Zoom & recorded
3. CDC Comprehensive Cancer 5-year Grant overview – major cuts in funding; no staff positions lost; incl $ for temps; change focus - bulk of work s/b on coalition partners not CC program; concern about funding/staffing survivorship summit, hybrid/virtual, regional?; 4 CCN org'ns focus grp w/survivorship; rethink how this is done;

4. News Flash – quarterly; deadline Aug 15th; send Edna educational opportunities;
5. Review Snapshot – 2021-2022 Goals/Strategies; needs to be updated;

Hold these 2022-2023 Dates

Thursday, September 22 Noon – 1 Palliative Care Webinar
Friday, November 18, 2022 – Business Meeting and Subcommittee Meetings
Friday, March 3, 2023 - Subcommittee Workday
Friday, May 19, 2023 – Business Meeting and Subcommittee Meetings
Friday, August 4, 2023 - Subcommittee Workday
Friday, November 17, 2023 – Business Meeting and Subcommittee Meetings

EDUCATION REPORT
Kimberly Swing, 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

SEER Educate - https://educate.fredhutch.org/LandingPage.aspx
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

NCRA's Mini-Learning Shorts- Great guide for new registrars- http://www.cancerregistryeducation.org/best-practices?fbclid=IwAR1bfhzNf844uTRZKbhelHvK0G2MSBumIlQH0o4K1hYqe46BmmmxPrnIVfY and http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry

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

Tumor Talk- sign up to receive webinar invitations presented by Omega Healthcare, formerly Himagine Solutions at Events & Webinars - Omega Healthcare (omegahms.com) Tumor Tips at News & Blog - Omega Healthcare (omegahms.com)

Registry Partner's Coding Break- Educational presentations on YouTube created by Registry Partners https://www.youtube.com/channel/UCFePdWVva8gfosv7jL11tyQ

American College of Surgeon's Commission on Cancer Webinars- https://www.facs.org/quality-programs/cancer/events , Free courses: Courses | American College of Surgeons | Online Learning (facs.org), Registrar's guide to Updating Radiation Data

items- Registrar's Guide to Updating Radiation Data Items | American College of Surgeons | Online Learning (facs.org)

CAnswer Forum LIVE Webinar: CAnswer Forum LIVE | ACS (facs.org) **1** CE hour awarded

ACOS- Cancer Program Calendar- The Latest from Cancer Programs | ACS (facs.org)

AJCC:
View recordings of the live webinars for no charge.

8th Edition Webinars- AJCC 8th Edition Webinars (facs.org)
AJCC Version 9 Webinar- AJCC Version 9 Webinars (facs.org)
AJCC Curriculum for Registrars- AJCC Curriculum for Registrars (facs.org)

http://www.ncregistrars.com/

NC State Cancer Registry purchased a subscription to the NAACCR Cancer Registry & Surveillance Webinar Series. Each webinar is three hours (3 CE's) and 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.

NAACCR webinar schedule:

10/06/22 Breast Part 1
11/03/22 Breast Part 2
12/01/22 Esophagus 2022
1/12/23 Head and Neck 2023
2/2/23 Data Item Relationships
3/2/23 Boot Camp 2023
4/6/23 Prostate 2023
5/4/23 Lower GI 2023 Part 1
6/1/23 Lower GI 2023 Part 2
7/13/23 IT Worked for Me: In “FUN”matics in the Cancer Registry
8/3/23 Melanoma 2023
9/7/23 Coding Pitfalls 2023

Coding, Staging and Abstracting Resources:

*Online version of IDC-O-3** -IACR - International Classification of Diseases for Oncology (ICD-O), ICD O 3 Coding Updates (naaccr.org)
***SEER 2022 updated case finding list**- https://seer.cancer.gov/tools/casefinding/
***SEER RX**- https://seer.cancer.gov/seertools/seerrx/
***SEER*RSA**- https://staging.seer.cancer.gov/
*** EOD General Coding Instructions**- Schemas | SSDI Data | (naaccr.org)
***Ask a SEER Registrar**- https://seer.cancer.gov/registrars/contact.html
***CAncer Forum**- http://cancerbulletin.facs.org/forums/help, also see ask the pathologist Cancer Forum
***Hematopoietic and Lymphoid Neoplasm Database**- Hematopoietic Project - SEER Registrars (cancer.gov)
***Solid Tumor Rules**- https://seer.cancer.gov/tools/solidtumor/ Revision History- sept 2021 Semptember 2021 Revision History for the Solid Tumor Rules (cancer.gov)

*NAACCR- Site specific data items (SSDI/GRADE)- Schemas | SSDI Data | (naaccr.org)
*NAACCR- Version 23 Reference page-Version 23 Reference Page - NAACCR
*STORE- Updated, effective for cases dx 1/1/2023 store-manual-2023.pdf (facs.org)
*AJCC- Errata for 8th edition AJCC Updates and Corrections (facs.org) Paperback version of Cervix Uteri Protocol (version 9) is now available for purchase on Amazon for $9.99 Amazon.com: AJCC Cancer Staging System: Cervix Uteri (Version 9 of the AJCC Cancer Staging System) eBook: Olawaiye, Alexander B., Mutch, David G., Bhosale, Priya, Gress, Donna M., Vandenberg, Jana, Rous, Brian A. , Hagemann, Ian, Otis, Christopher , Sullivan, Daniel C., Washington, Mary Kay: Kindle Store
*Informational Abstracts- http://www.cancerregistryeducation.org/rr
*NCI Cancer Types- https://www.cancer.gov/types
*CTR Guide to Coding XRT- Revised Guide 2022- case-studies-for-coding-radiation-treatment-v4-0-_20220509104726.pdf (facs.org)
*NCDB- The Corner Store- https://www.facs.org/quality-programs/cancer/news
*American College of Surgeons- Subscribe to the newsletter *The Brief* at http://multibriefs.com/optin.php?ACSORG or view articles at http://multibriefs.com/briefs/ACSORG/index.php
*SEER Program Coding and Staging Manual 2022 and2023- SEER Program Coding and Staging Manual (cancer.gov)
* SEER Abstracting Tool- https://seer.cancer.gov/seerabs/
*SEER COVID 19 Abstraction Guideline- https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf
*NCCN Guidelines- https://www.nccn.org/guidelines/category_1
*2020 COC Standards- effective 1/1/21- https://www.facs.org/-/media/files/quality-programs/cancer/coc/optimal_resources_for_cancer_care_2020_standards.ashx
*US Cancer Statistics Data Visulizations tool- USCS Data Visualizations - CDC
*Summary stage 2018- version 2.1- Summary Stage 2018 - SEER (cancer.gov)

NCI study of tea drinkers in the UK suggests health benefits from black tea- Study suggests health benefits from black tea - NCI (cancer.gov)

Researchers find tumor microbiome interactions may identify new approaches for pancreatic cancer treatment Researchers find tumor microbiome interactions may identify new approaches for pancreatic cancer treatment -- ScienceDaily

Cancer Survivors Need More Access to Equitable Care Cancer Survivors Need More Access to Equitable Care | Treatment & Survivors Facts & Figures

Tumor Tip form Omega Heathcare: Patient presents to facility for colonoscopy which shows a mass in the cecum, biopsy is positive for invasive adenocarcinoma. How would you assign cT?
Answer: cTX -The colonoscopy does not provide enough information to access how far the tumor extended.

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

Summary Stage 2018 – Notification of errors in the manual and subsequent quality issues

Quality issues are not always due to abstractor coding errors! They can also be the result of things out of our control – oversights in manuals, edits, etc. NPCR notified CCR's of THREE such issues with **Summary Stage 2018** observed in the data submitted to them. A few cases with these issues at the facility level might not be noticeable. But when combined into larger data sets, such as at the national level, the impact of these issues become readily apparent.

Below is a summary of these quality issues and the results of our audits. All CCR's were asked to identify these cases in their data and make corrections prior to our November 2022 submission to NPCR so that those corrections would be included in national datasets going forward. We encourage you to review your cases and discuss these issues with your staff so that the data in your facility database is correct as well.

Issue #1 – Testis

The Problem: An error in SS18, v2.0, for the testis chapter, schema ID 00590, incorrectly shifted cases to Regional by Direct Extension (code 2) or Regional by BOTH Direct Extension AND Regional Lymph Nodes Involved (code 4) when there was Lymphovascular Invasion (LVI+) but the tumor was still confined to the testis. As a result, summary stage was incorrectly inflated.

The fix: This error has been corrected in SS18 v2.1. See Table 2 in the Version 2.1 Changes for Summary Stage.

CCR Audit performed:

- Selected cases diagnosed 2018+ where SS18 is 2 or 4 and LVI is positive (codes 1-4).
- Reviewed text to determine if the tumor is limited to the testis.
- Recoded affected cases to SS18 code 1 or 3.

CCR Results:

- 1048 cases with the above criteria were identified.
- 905 cases had clear documentation of Regional Involvement and Lymphovascular Invasion.
- 173 (17%) cases were recoded.
    - 127 cases changed from 2 (Regional by Direct Extension) to 1 (Localized)
    - 24 cases changed from 4 (Regional by Direct Extension) to 3 (Regional to Lymph Nodes)
    - 22 cases had other corrections based on other involvement (such as distant).

Issue #2 – Hematologic Malignancies

The Problem: Myeloma and HemeRetic cases were reported with a SS18 other than Distant (7). This was a problem with the edits and not the SS18 manual. For those of us (even us at the CCR) that depend on edits to catch this well-known coding rule, as it always had in the past, this was an easy oversight!

- SS18 instructs that histology 9732 (multiple myeloma) and HemeRetic histologies (with a few exceptions that are specified in the SS18 manual) are always coded to 7.
- Edits N6316 and N6318 also require 9732 and HemeRetic histologies (with the same few exceptions) be a SS18 code 7. However, this new edit was written to SKIP cases diagnosed 2018-2020. As a result, the edit did not catch errors in these diagnosis years.

The Fix: This edit was fixed in V22B and now checks all diagnosis years.

CCR Audit performed:

- Selected cases diagnosed 2018+ where the histology is >= 9732 and SS18 is NOT code 7.
    - Reviewed histologies that are excluded from the code 7 rule:

        - 9740, 9749, 9751, 9755-9759, 9930, 9971
- Recoded applicable cases to code 7.

CCR Results:

- 5042 cases with the above criteria were identified.
- 563 (11%) cases were corrected to code 7. Most were corrected from a code of 9 (unknown).
- 128 other miscellaneous corrections to primary site, histology and or SS18.
- For HemeRetic histologies that fall into the exceptions for code 7, text should be very clear as to the Summary Stage as code 7 cannot be assumed.

Issue #3 – Liver

The Problem: In the most recent versions of the SS18, the following statements were moved to Regional by Direct Extension (code 3) and should have remained as Localized (code 1). At the national level, this issue results in a slight increase in cases staged as "Regional" and a decrease in those staged as "Local".

- Multiple (satellite) nodules/tumors (one lobe)
    - WITHOUT or UNKNOWN vascular invasion
- Single lesion (one lobe) WITH vascular invasion

1 Localized only (localized, NOS)

- Confined to liver, NOS
- Single tumor (one lobe)
    - WITHOUT or UNKNOWN vascular invasion

2 Regional by direct extension only

- Diaphragm
- Extrahepatic bile duct(s)
- Extrahepatic blood vessel(s)
    - Hepatic artery
    - Portal vein
    - Vena cava
- GallbladderSeptember 2021Summary Stage 2018 Coding Manual v2.132
- Lesser omentum
- Ligament(s)
    - Coronary
    - Falciform
    - Hepatoduodenal
    - Hepatogastric
    - Round (of liver)
    - Triangular
- Peritoneum, NOS
    - Parietal
    - Visceral
- Major vascular invasion, NOS
- More than one lobe involved by contiguous growth (single lesion)
    - WITH or WITHOUT vascular invasion
- Multiple (satellite) nodules/tumors (one lobe)
    - WITHOUT or UNKNOWN vascular invasion
- Multiple (satellite) nodules/ tumors in more than one lobe of liver or on surface of parenchyma
    - WITH or WITHOUT vascular invasion
- Single lesion (one lobe) WITH vascular invasion

The Fix: This is supposed to be corrected in the next revision of SS18 (although it not possible to verify as the next revision has not been published). The current version (v2.1) still has this listed under Code 2.

CCR Audit performed:

- Selected cases diagnosed 2018+ where the primary site is C220 and SS18 is code 2 or 4.
- Recoded applicable cases to code 1 or 3.

CCR Results:

- 1005 cases with the above criteria were included in the review.
- 731 had clear documentation of regional involvement (more than one lobe involved, portal vein involvement, etc.).
- 174 (17%) cases were recoded:
    - 148 cases were changed from 2 (Regional) to 1 (Localized)
    - 8 cases were changed from 4 (Regional+LN) to 3 (Regional to LN only)
    - 18 cases had other corrections based on other involvement (such as distant).
- 100 (10%) cases could not be evaluated due to insufficient text. As a result, the SS18 code was not changed.
    - Stage Text field just said, "Code 2" or "regional" without the details of what involvement qualified as a code 2.
    - Imaging text would state "multiple nodules" but was not clear as to which lobe(s) had multiple nodules.
    - Text had non-standard abbreviations and we could not interpret the meaning of the abbreviation.
    - Unsure how to interpret 'lesions throughout the liver'.
    - Unsure how to translate "segments" involved. The AJCC TNM and SS18 manuals do not provide instructions on how to translate 'anatomy' type information to "lobes", or what segments are in which lobe, and which are on the right, and which are on the left. We did find a reference in the SEER RSA-EOD Data, under EOD Primary Tumor, Note 3:

Note 3: The liver is divided into several lobes as defined below. If multiple lobes (such as the Caudate lobe and the Left Lobe) are involved, see codes 300-500. If multiple segments (such as 5 and 6 in the right lobe) in the same lobe are involved, this would be multiple tumors within one lobe (code 200)

- Caudate lobe: Segment 1
- Quadrate lobe: Segment 4b
- Left lobe: Segments 2, 3, 4a
- Right lobe: Segments 5, 6, 7, 8

Stage Text Field:

The purpose of the Stage Text field is to:

1. Summarize the cancer involvement at the time of diagnosis, and
2. Justify (validate or defend) the Summary Stage and AJCC TNM coded in the abstract.

The CCR receives over 100,000 records each year and we consolidate that into about 70,000 unique cases. That is a lot of potential for conflicting information. That is A LOT OF TEXT to have to read! Imagine reviewing the 1000 cases for the liver audit to confirm exactly which lobe was involved and if there was vascular invasion! Think about all the information that you copy into your Imaging text field and having to mine through it later looking for a specific fact. That is what was required to conduct this audit! The CCR relies heavily on text to ensure the accuracy of the data. It is imperative that text be complete but also clear and concise.

The biggest question we try to answer when reviewing a case is WHY:

- Why is SS18 coded to 4?
- Why is grade coded to 2?
- Why is the histology assigned this code?
- Why is this reported as a second primary (or the same primary)?
- Why is treatment that started 9 months later recorded as first course?
- WHY. IS. IT. CODED. THIS. WAY!?! 😊

Below are some things that are common in text but really are not sufficient:

- Conveying a stage documented by the physician is helpful, but often not sufficient. We see lots of cases where this is the only information documented in the stage text. Adding the physician's statement of TNM is ok, but alone is not a sufficient summary of the cancer involvement. TNM does not always convert easily to Summary Stage. There are lots of different factors that are rolled into a single code. Ask yourself and summarize in the Stage Text field: What specific involvement led me to assign Regional or a T2 or a N1?
- Copying the entire radiology or pathology report is not helpful. The Stage Text field is a summary of all information. One or two sentences is usually sufficient! Given ALL the information available, WHY did you settle on this code?
- Re-typing the values being entered in the stage data items is not sufficient. Stating "code 2" or "regional" is not sufficient. Summarize the pertinent involvement so that it justifies the code.

Using our liver audit, below are a few examples of text we received. Hopefully seeing the comparison between sufficient and insufficient text will help demonstrate the objective of this text field and how you can better communicate your coding decisions in the text.

Examples of insufficient text	Examples of sufficient text
T1, LOCAL	T1b N0 M0, SS2018 1. 7.4cm single tumor w/out mention of vasc inv on img/physician notes, no LAD, no mets
MULTIPLE TUMORS	cT4 cN0 cM0 Stage 3B (5.8cm left lobe HCC involving the left portal vein, multiple other lesions in right lobe, no LAD, no distant mets). Path Stage 99

	(no surg resx). SS2018: 2 (multiple tumors in more than one lobe of liver with vascular invasion)
MULTIFOCAL LIVER MASSES	2 LESIONS IN LT LOBE, 3.3 CM AND 2.4. NO LVI, ADENOP, METS.
US ABD- There is a new 1.9 x 1.8 x 1.5 cm solid hypoechoic lesion of the right hepatic lobe. MRI ABD- Cirrhotic atrophy of the liver. Heterogeneous arterially hyperenhancing areas are seen in the right hepatic lobe measuring up to 3.2 x 2.6 cm in segment 7, and 2.6 x 1.6 cm in segment 6, with suggestion of central washout on delayed phase imaging, these are suspicious for multifocal hepatocellular carcinoma. No evidence of metastatic disease CT CHEST- No evidence of metastatic disease in the lungs. BONE SCAN-NEG	Note: Do not copy other reports summarized in other text fields. It is not necessary to repeat details not directly pertinent to assigning stage. Suggested wording that clearly summarizes involvement and clarifies the source of the imaging interpretation: Multifocal lesions in R lobe per Dr X on D/C Summary. Largest solitary tumor 1.9cm. No mention of LVI or invasion of adjacent tissues. No LAD or mets.

When recording text, ask yourself one critical question before you close out the abstract…
Did I explain why I coded it this way and could I abstract this case and make these same coding decisions based on my text alone?

Cancer Registry World Podcast - [https://www.mycrstar.com/cancerregistryworld/ [mycrstar.com]](https://www.mycrstar.com/cancerregistryworld/)

Join Dr. Frederick L. (Rick) Greene each month as he hosts the only podcast dedicated to cancer registrars, **Cancer Registry World™**, focusing on the role of cancer registrars and cancer registries in the universal treatment of malignancy. Each segment will feature cancer registrars, clinicians, organizations, administrators, researchers, and representatives of all healthcare groups who contribute to and benefit from data that are

derived from cancer registries. Cancer Registry World™ episodes are available on the ERS website - https://www.mycrstar.com/cancerregistryworld/ [mycrstar.com] - and wherever you listen to your favorite podcasts, including ApplePodcasts [podcasts.apple.com], Spotify [open.spotify.com], Stitcher [stitcher.com], iHeartRadio [iheart.com] and TuneIn [tunein.com]. Sponsored by ERS, Inc.