The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Spring 2017

Message from the President:

Jenean Montgomery Burris, RHIT, CTR

Is it Spring yet? The daffodils are blooming, birds are chirping, we have hit 75 degrees more than once, and the 43rd Annual NCRA Educational Conference is coming up soon. SO, it MUST be Spring. I am choosing to ignore any weather forecast that includes SNOW and am going to pull out my flip flops and shorts.

I am excited to be able to represent ANCCR at the NCRA Educational Conference in Washington DC next month! I will be attending the President's Breakfast and I will be sure to let the other states know the great things we are doing here in NC. I hope to see lots of other NC registrars there. If you see me, stop and say HI, and I will do the same!

I am in the process of putting together a basket to be raffled off at the NCRA Educational Conference. I need your help! What can I add to the basket that represents North Carolina? It must be airplane/travel friendly and the total value of the basket needs to be around $100.00. What items scream NORTH CAROLINA IS AMAZING to you? Those are the things I want to include. Presently I have a beautiful piece of pottery from Seagrove, NC and a cookbook that includes recipes from all over our great state. Email me at jenean.m.burris@gmail.com and give me your ideas!

Cheers,

Jenean M. Burris, RHIT, CTR

ANCCR's Executive Board 2016-2017

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Upcoming Educational Meetings

ANCCR Educational Conference

September 13-15, 2017
Mountain Lodge & Conference Center
42 McMurray Rd., Flat Rock, NC 28731

NCRA Educational Conference

2017 - April 5-8, Gaylord National, Washington, DC
2018 - May 20-23, Sheraton New Orleans, New Orleans, LA
2019 – May 19-22, Sheraton Denver Downtown Hotel, Denver, CO

April 5-8, 2017

MEMBERSHIP
Vickie Gill, RHIA, CTR

As of 2/21/17, there are 132 ANCCR members.

WEBSITE REPORT
Cathy Rimmer, VA, MDiv, CTR

There are currently 12 job openings posted. Hospitals will be contacted to verify if positions are still open.

ANCCR FALL MEETING DETAILS
The following information will be posted on the ANCCR web site. The meeting brochure will be available in April.

ANCCR Fall Meeting
September 13-15, 2017
Mountain Lodge & Conference Center, 42 McMurray Rd, Flat Rock, NC 28731

Reservations for hotel : call 828-693-9910 and request ANCCR room block. For this meeting, cannot book rooms on-line or use 3rd party booking agency
Room Rates (Sept 12-14, Tuesday – Thursday)

- Non-Smoking Rooms
- Studio suites w/2 full size beds & full kitchen = $95/night + tax
- Studio suites w/ King size bed & full kitchen = $95/night + tax
- One Bedroom King Suites, bedroom with King bed, living room with sleeper sofa & full kitchen = $105/night + tax

There will be an overflow hotel available (if Mountain Lodge block is filled).

Registration (3 days) – covers 3 breakfasts, 2 lunches, 2 evening appetizers (6:30 pm) and 2 dinners (7:00 pm), breaks
Members: $150
Non-Members: $250
(there will be no on-line payment for registration this year) – checks only
Forms will be available in April through the brochure and website.

Treasurer's Report

Jennifer McLean, CTR

Net Worth – As of 2/15/17

Account	Balance
ASSETS	
Cash and Bank Accounts	
ANCCR Checking	**16,125.73**
Money Market	**21,392.77**
Shares Account	**61.32**
TOTAL ASSETS	**37,579.82**
LIABILITIES	**0.00**
OVERALL TOTAL	**37,579.82**

Checking Account Activity since 2/15/17

Beginning Balance:		**19,086.14**
Expenses:		
Website Design Services		**1771.29**
Computer/Scanner Purchase		**668.72**
SCCRA/Profit 2016 Fall Meeting		**2002.20**
2017 Fall Meeting Mileage Travel Expenses		**233.42**
Venue Deposit 2017 Fall Meeting		**750.00**
Bank Fees		**4.90**
SECU Foundation		**4.00**
Total Expenses	**-**	**$5,434.53**
Deposits:		
Dividends Earned	**+**	**16.01**
Membership Dues	**+**	**1015.00**
Total Deposits	**+**	**1031.01**

Checking Acct Balance as of 02/15/17: $ 16,125.73

Education Report
Kimberly Swing, CTR and
Karen Knight, CTR

Educational Opportunities:
https://educate.fhcrc.org/ SEER Educate where you can do practice abstracts and earn up to 20 CE credits per cycle- **recently updated with new abstracts. Anyone attending NCRA's SEER workshop at the annual meeting should review the new cases on grade, surgery and AJCC staging.**
https://cancerstaging.org/CSE/8theditionwebinars/Pages/default.aspx - webinar on 8th edition AJCC- no CE credits earned, archived webinars available
http://www.ncregistrars.com/content/archived-webinars- 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
http://www.naaccr.org/EducationandTraining/TownHallWebinars.aspx NAACCR.ORG- Archived webinars

ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series.
NAACCR will present a different webinar every month beginning in October 2016 and continuing through September 2017. 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.
Please contact the host at the site in advance for address details/directions so the appropriate number of handouts can be prepared
The webinars will be presented LIVE at the following sites across the state:
Park Ridge Hospital, Hendersonville, NC
Contact: Sharon Labatte Sharon.Labbate@ahss.org
Carolinas Medical Center, Charlotte, NC
Contact: Paige Tedder paige.tedder@carolinashealthcare.org
Forsyth Medical Center, Winston-Salem, NC
Contact: Cathy Rimmer Ccrimmer@novanthealth.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
Below is the NAACCR webinar schedule:

* 3/2/17- Abstracting and Coding Boot Camp: Cancer Case Scenarios
* 4/13/17- Collecting Cancer Data: Lip and Oral Cavity
* 5/4/17- Multiple Primary and Histology Rules
* 6/1/17- Collecting Cancer Data: Liver and Bile Ducts
* 7/13/17- Hospital Cancer Registry Operations-Topic TBD
* 8/3/17- Collecting Cancer Data: Central Nervous System
* 9/7/17- Coding Pitfalls

NCRA Meeting coming soon:

Registrar online at https://www.ncra-usa.org/i4a/ams/conference/conference.cfm?conferenceID=689

NCRA Meeting Hotel Reservations

Gaylord National Resort & Convention Center at National Harbor, 201 Waterfront Street, National Harbor, MD 20745. To receive the special rate of $226, you must mention the "National Cancer Registrars Association" at the time of reservation.

Educational Materials

Cancer Case Studies: A Workbook to Practice Assigning AJCC TNM Stage

NCRA produced this case study workbook to provide opportunities for cancer registrars to practice assigning AJCC TNM Stage using the new *AJCC Cancer Staging Manual Eighth Edition*. NCRA has included two sets of answers. One using the Seventh Edition; the second using the Eighth Edition, this construct will help registrars compare the differences. NCRA has also provided rationales for the correct Eighth Edition answers. The workbook includes 50 cases prepared by Donna M. Gress, RHIT, CTR.

Member Price: $89.00 **Non-Member Price: $145.00**

FORDS- Will not release a 2017 Updated Edition. The new edition will not be ready until 2018.

ARTICLES FOR YOUR REVIEW

NIH/National Cancer Institute Cancer Moonshot- Funding Opportunities
https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/funding?cid=eb_govdel

NCCN- Payers Weigh the Implications of Multigene Testing Coverage in New UCSF Study
https://www.nccn.org/about/news/newsinfo.aspx?NewsID=845

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

Staffing Changes:
Lora Stroud, CTR has been promoted to Quality Management Specialist. Lora has been with the CTR for 10 years as an Oncology Data Analyst working with incident reporting hospitals and physician offices. She will be taking a few hospital registries from each of the other QC staff. The current QC staff will be working closely with Lora and the facility during the transition.

Migration to Registry Plus:
We have completed our conversion from Eureka to the Registry Plus suite of applications. This consists for WebPlus, PrepPlus and CRSPlus. Physician offices and incidence hospitals are being trained on entering cases into WebPlus. We have started processing hospital files uploaded to the NC Portal through PrepPlus which is the application used to clear edits and conduct abstract level visual editing. CRSPlus serves as our final/central database. Linkage and Consolidation of multiple primary cancers for a patient are conducted here.

Over

records were migrated from Eureka to CRSPlus!

Admission Records (Abstracts): 1,511,029
Unique Patients: 1,099,079
Unique Tumors: 1,238,927

NC CCR's initial assessment of TNM on 2016 cases:

Below is a summary of an *initial* assessment of AJCC staging on 2016 cases. Text was not included in the review. This review was based on applying major TNM rules or using other data items such as surgery code, descriptor, behavior code, etc. to validate if the major rule was applied correctly.

Following this summary of findings, additional suggestions are provided to help you develop an internal TNM QC review process. These concepts are what were used to conduct our initial review.

The results are very interesting and there still seems to be quite a bit of confusion about X versus blank. Expect to see some additional training information coming from the CCR in the next few months.

Total cases included in the report: 10146
Total cases identified for closer review: 7944
Total # of errors identified: 3522 (44%)

# of errors by category:

Category	# errors	# of cases reviewed
TNM N/A:	72	788
Neoadjuvant Rx:	102	134
CIS (excl melanoma):	147	733
Melanoma In Situ 8720-8790:	118	1167
Lymphoma 9590-9729:	70	463
Melanoma 1A:	192	633
Inv Melanoma (excl 1A):	282	503
GI w/ a clinical stage:	163	1181
pM = c1 or p1:	204	204

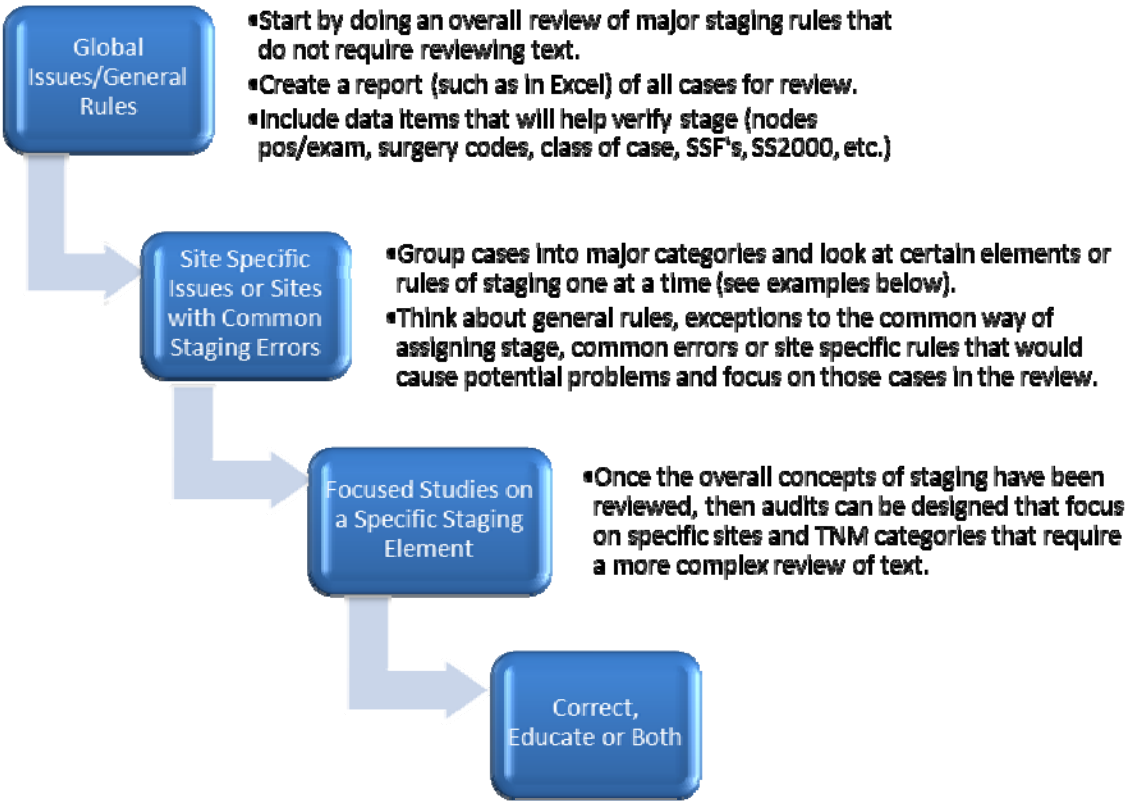
The following were additional errors on cases not included in any other category above. The review was based on the initial decision of whether or not clinical or pathologic stage even applied first. Then whether X versus blank should have been used based on comparison to other data items.

Clinical Stage:	322
Path Stage (Surgery 00-19):	437
Path Stage (Surgery 20-90):	1382

Summary of Findings:

- The pM data item was marked for review on 2146 (@1/3) of the total cases marked for review. The most common error was for cases that met the pathologic staging criteria. The pM data item was left blank and not filled in c0 when the pT and pN were not blank.
- Various combinations of errors for the pM data item including: invalid combinations of pM = c1 & pathologic SG 4 when case did not meet pathologic criteria; pM1 but stage group blank or 99.
- X versus Blank: There was a multitude of combinations within the cTNM and pTNM data items where blanks and X's were used incorrectly. For example, the X's and blanks were intermingled within the stage. It seems that perhaps the X versus Blank concept is being applied for each T, N or M category instead of the entire cTNM or pTNM stage.
- Stage Group being left blank when case cannot be staged (instead of assigning 99).
- pTNM for in situ cases (and p1A for melanoma) not filled out correctly/completely based on surgery code.

Developing a TNM QC Review Process



Based on the number and types of errors, decide whether a correction can be done, or will the focus be on training and improving future staging data in any given area. In this initial review, the goal may only be to identify common problems and focus on those in training. The future goal would be that data will be more accurate and the number of corrections having to be performed is "manageable".

Overall review of major staging rules:

1. Group cases into major categories (see examples below) and look at certain elements or rules of staging one at a time. Below are examples that involve common rules:

    a. Review cases where TNM is not applicable:
        Hematopoietic (9731-9992)
        Unknown Primary (C80.9)
        Ill-defined (C76._)
        CNS (C70.0-C72.9, C75.1-C75.3)
        Or others applicable to your registry (such as histology exclusions)

    In general, the TNM should be filled out as below. Review those that are not.
    Common error: Leaving one or more of the following data items blank.

cT	cN	cM	cSG	pT	pN	pM	pSG
88	88	88	88	88	88	88	88

b. Review cases that had neoadjuvant treatment (Path Descriptor = 4)

pT	pN	pM	pSG	Common Errors
p0	p0	c0	0	Wrong stage group assigned when there is no residual tumor
p0	p0		0	Not using the cM status in the pM data item
p3		c0	99	Leaving pN blank
p0	c0	c0	99	Incorrect use of the c/p character

c. Review In Situ Cases (Behavior Code 2)

PATHOLOGIC stage is assigned only if the resection meets the criteria for a pathologic T. Compare Surgery Code to the pT category.

Surgery Code	cT	cN	cM	cSG	pT	pN	pM	pSG	Common Errors
31 (C44)	pIS	c0	c0	0	pIS			0	Not filling out pN and pM when pT met criteria. Note: Applies to pT1A for melanoma as well.
31 (C44)		c0	c0	0	pIS	c0	c0	0	Not entering pIS in cT.
27 (C44)	pIS	c0	c0	0	pIS	c0	c0	0	Assigning the pathologic stage or the pT to pIS when case did not meet criteria.
27 (C67)	pA	c0	c0	0A	pX	c0	c0	99	Use of X vs Blank. Case does not meet criteria so pTNM should be blank.

d. Review Lymphoma Cases (9590-9729)

Remove the following first and conduct site specific QC studies on these cases: Pediatric, Bone Marrow (C42.1), Eye (C69) and Cutaneous Lymphoma (9700-9701).

In general, the TNM should be filled out as below. Review those that are not.

cT	cN	cM	cSG	pT	pN	pM	pSG
88	88	88	Stage Group 1-4 or 99	88	88	88	99

cT	cN	cM	cSG	pT	pN	pM	pSG	Common Errors
88	88	88	2A	88	88	88	2A	Path stage group is usually 99 (unless staging laparotomy done).
			1				99	T, N or M is not 88
88	88	88	88	88	88	88	88	Stage group is 88, not 99.

For the remaining cases:

2. Review cases with cM1 and pM1:

    a. Evaluate cases for the special rules for pM1 and the M data items:

Surgery Code	pT	pN	pM	pSG	Common Errors
00	pX	pX	c1	4	Attempting to use the M1 rule incorrectly (M1 is both a cSG 4 and a pSG 4). In this situation, the mets were a clinical M1 and the case did not meet the criteria for pathologic staging. The pTNM should have been left blank with a pSG of 99.
00	pX	pX	p1	4	Use of X versus blank for pT and pN when surgery does not meet the criteria for pT but mets were pathological confirmed (pM1).
00			p1	99	Review cases where pM = 1 and pSG <> 4.

    b. Compare the M data items to surgery of primary site, surgery of other sites and the Dx/Staging data items.

Dx/Stg Procedure	Surgery Code	Surgery of Other Sites	cM	pM	Common Errors
00	00	0	p1	p1	Review cases where pathologic confirmation of distant mets is not indicated, yet cM and/or pM = pM1.
01	00	00	c1	p1	Review cases where pathologic confirmation of distant mets is indicated, yet cM is not = p1.

3. Evaluate Clinical Stage:

    a. Review cases where any of the cTNM data items are left blank.

    It is rare for clinical stage to be blank (especially for CoC registries). Any type of workup or interaction with a physician prior to treatment would count for clinical stage. A few examples where the clinical TNM may be blank:

    - The abstractor does not know what clinical workup was done.
    - Incidental finding at the time of surgery for other reasons.
    - Class of case (non-analytic) may be a clue that diagnostic workup was not known.

cT	cN	cM	cSG	Common Errors
	c0	c0	99	The use of blank vs X. Review cases with blank in any clinical stage data item.
c1	c0		1	
		c0	99	
	cX	c0	99	

	c0	c0	1	The use of blank vs X. Review cases where cT or cN are blank and clinical Stage Group is not 99.
				Clinical stage all blanks. Stage group not 99. Review cases where stage group is blank.
	c2	c1A	1	Mets not reflected in stage group. Review cases where cM is M1.

b. Review cases where a surgical resection was not done (therefore, the case cannot be pathologically staged) and LNs were positive. Lymph node biopsies should be included in the cN when it is done for diagnostic purposes or when the case does not meet criteria for pathologic staging.

Surg	LN Exam	LN Pos	cT	cN	cM	cSG	Common Errors
00	1	1	c1	cX	c0	99	In each of these situations, the case did not meet the criteria for pathologic staging, but a LN biopsy was done and was not coded in the cN data item.
00	1	1	c1	c0	c0	1	
00	1	1				99	

4. Evaluate Pathologic Stage:

a. Review cases based on surgery code range. Focus on the pathologic stage only for cases not removed above. The case has to meet the criteria for pathologic staging to assign pathologic TNM categories. If the case does not qualify for pathologic staging (and it is not a pM1), the pT, pN, pM and pathologic stage group are to be left BLANK.

Review any cases that do not fall into these normal patterns. Remember, we are not looking to see if the exact surgery code performed was eligible for the pT (yet). Right now, we are still focusing on major categories.

b. Group by surgery code range of 00-19 or 99 (ones that are most likely not eligible for pathologic staging):
- Also, include 00-30 for Prostate and Bladder, and 00-27 for Melanoma in this group. While there may be others, these compose the largest number of cases to include in this group where the resection does not meet the criteria for the pT.
- For these cases, the pT should be blank.
- And therefore, the pN should also be blank.
- And, unless pM = p1, then pM should be blank and pSG should = 99.
- Remember the exception of a biopsy of the Highest T or Highest N. A pT4/pN3 combination is a good clue!

Surgery Code	pT	pN	pM	pSG	Common Errors
00	pX	c0	c0	99	Use of X vs Blank. Case does not meet criteria so pTNM should be blank. Review cases where the pTNM is not blank. Also, review cases where the pN is p1-3. If LN biopsy done, findings should be coded in the cN.
00	pX	p1	c0	99	
00		p1		99	
00					Stage group not 99. Review cases where pathologic stage group is blank or not 99.

c. For remaining cases where surgery was performed (20-90, minus the ones removed above):
    - For these cases, pT should not be blank.
    - And therefore, pN and pM should not be blank. If no LN bx/resx, then pN = pX.
    - Check for the incorrect use of c in a pT data item.

Surgery Code	pT	pN	pM	pSG	Common Errors
40	p1	p0		1	Leaving the pM (most common error) and/or the pN blank when the case met the criteria for the pT.
50	p3			3	
40					pTNM blank when case met pT criteria. Review cases where any pTNM or stage group data item is blank.

d. Evaluate the pN category: For the cases above with surgery (20-90), group cases by Reg LN Positive:
    - Compare the LN Pos/Exam to the pN data item for cases that meet the pT criteria.
    - If LN Pos = 00, then pN should = p0.
    - If LN Pos = 98 then pN should = pX.
    - If pN is not blank or X, Regional Nodes Positive must not = 00 or 98. And Scope Reg LN should not be 0 or 9.
    - Check for the incorrect use of c in a pN data item

Surgery Code	RegLN Pos	pT	pN	pM	pSG	Common Errors
50	98	p2	c0	c0	2	Using a “c0” instead of “pX” when no lymph nodes are removed.
30	00	p2A	c0	c0	2A	Using a “c0” instead of “p0” when lymph nodes are removed and were all negative.
40	02	p1	pX	c0	99	Forgetting to assign the pN when lymph nodes are removed.

A note about common errors related to X versus Blank: There are a multitude of combinations within the cTNM and pTNM data items where blanks and X’s were used incorrectly. The above examples only highlight the common points.

Site-Specific Targeted Review:

5. Focus on site specific coding issues for the top primary sites where text is not required to validate stage:
    a. At this point a detailed comparison of the site-specific surgery code range for the pT criteria for each site can be done. Start with the most common sites. Remember the exception of Highest T and Highest N:
        - Colorectum
        - Lung
        - Melanoma (8720-8790)
        - Breast

- Prostate
- Or others based on your registry

Other Examples of Site-Specific Audits:

b. Lung and Breast: Compare tumor size data items to the cT and pT data items
c. GI tract: The Clinical T is not common in the GI tract. Run report looking at the cT for C15-C20, especially for local tumors (cT1 and cT2).
d. Colorectum: Evaluate polypectomies to see if pTNM applies.
e. Prostate: Evaluate pTNM when only a TURP is done.

Other Ideas:

6. QC reports where text is required:
    a. Review cases with a cT0 or pT0 (and neoadjuvant treatment not given)

7. Look at cases eliminated from the review above:
    a. Eye (C69._)
    b. Cutaneous Lymphoma (9700-9701)
    c. Sarcoma (8800-8991)
    d. Other histologies (9000-9582)