The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Spring 2021

Message from the President:
Paige Tedder, RHIT, CTR

Happy Spring! I hope everyone is getting out and enjoying the beautiful weather. I also hope that you all had a Happy Easter and a great National Cancer Registrar's Week; even though we celebrated a little different again this year.

The 2021 NCRA annual conference will be June 3-5, 2021. I hope everyone took advantage of the discounted registration through ANCCR. At first, I was skeptical at how well the virtual NCRA meetings would be, but I became a huge fan last year. The ability to go back and review sessions you were not able to attend and earn additional CE's is very convenient. As usual, critical topics to help cancer registrars keep current with changes will be addressed. I hope you are all able to attend.

Just as a reminder, recorded NAACCR webinars are available on the ANCCR website about two weeks after the live view date. Please take advantage of the educational webinars and earn some additional CE's for free.

ANCCR will not be hosting an annual conference again this year due to the pandemic. We will plan to offer an in-person conference in fall 2022 at The Lodge in Flat Rock.

Lastly, if anyone has any suggestions or would like to volunteer for ANCCR, please contact a board member. We are always happy to have fresh faces on the board.
Take Care,

Paige Tedder

ANCCR's Executive Board 2020-2021

Office	Name	Email
President	Paige Tedder, RHIT, CTR	paige.tedder@atriumhealth.org
Immediate Past President	Kelly Lowrance, RHIT, CTR	kalowrance@novanthealth.org
Vice President	Kisha Raynor, CTR	kisha.raynor@carolinashealthcare.org
Secretary	Amy Arnold, CTR	amyarnold@registrypartners.com
Treasurer	Laura Alberti	lsalberti@novanthealth.org
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Educational Scholarship	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
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	Kim Maloney Bobbitt, BS, CTR	kmaloney-bobbitt@novanthealth.org
Liaisons	**Name**	**Email**
A4C Liaison	Kathleen Foote, CTR	kathleen.foote@unchealth.unc.edu
NCRA Liaison	Angela Rodriguez, CTR	angela.rodriguez@mercy.net
NC CCR Liaison	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

ANCCR Educational Fall Meeting

Canceled

NCRA Educational Conference

2021 – June 3-5, Virtual Conference
2022 - April 6-9, Washington, DC

TREASURER REPORT
Laura Alberti

ANCCR 2021 First Quarter Treasurer Report

Beginning Balance 01/01/2021:		
	Checking	21,362.64
	Money Market	21,610.47
	Total	42,973.11
Deposits:		
Membership dues income Jan to March		2,215.00
2021 NCRA Virtual Conference		15,298.00
Bank Interest Earned		1.59
Website Advertising		50.00
	Total	17,564.59
Expenses:		
CTR Externship Expenses		74.00
Mileage Reimbursement		98.10
Website Fees		1,701.73
NCRA 2021 Annual Conference		15,402.00
Bank Statement Charges (includes deposit adjustment bank error)		55.00
	Total	17,330.83
Ending Balance 03/31/2021:		
	Checking	36,996.81
	Money Market	21,612.06
	Total	58,608.87

MEMBERSHIP
Jenean Burris, RHIT, CTR

As of 4/20/21, there are 156 ANCCR members!

WEBSITE REPORT
Cathy Rimmer, BA, CTR

Malicious Emails
The ANCCR website has been the target of several malicious emails recently. As the website coordinator I am careful not to click on any links of suspicious emails. I forward all these emails to our webmaster to review and confirm if malicious. Examples of emails received:

1. Email appeared from Paige Tedder asking for gift cards for veterans affected by Covid-19
2. Email (multiple) saying the photos on our website are copyrighted and legal action will be taken

Members Only Section
I appreciate Jenean Burris' diligence in providing updated membership lists. This is crucial to verify who is eligible to register for the Members Only section of the website. I continue to get inquiries about access which tends to be user error.

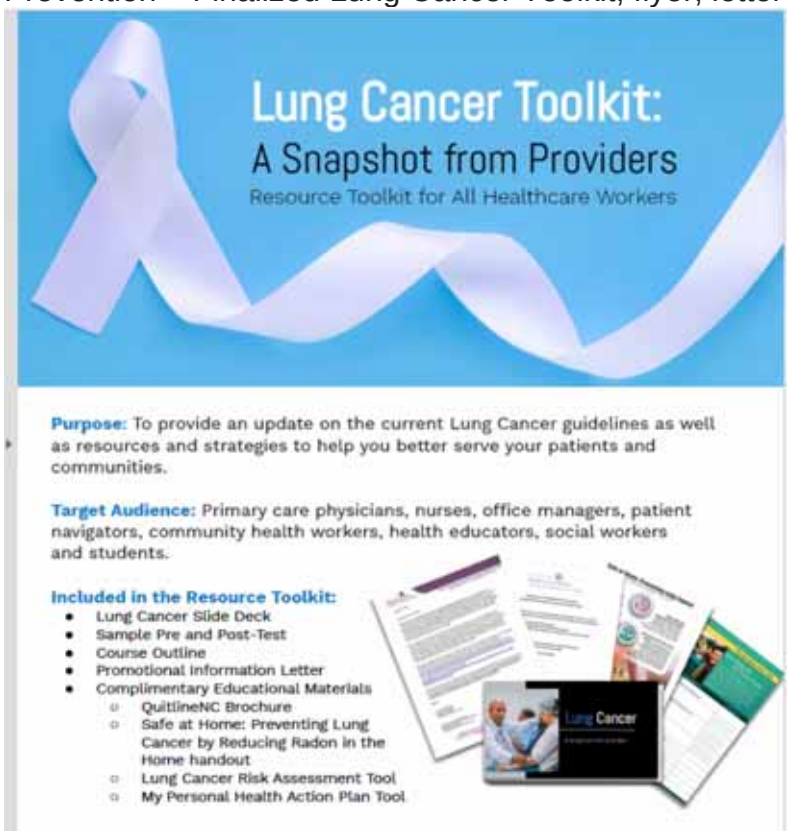
A4C Liaison
Kathleen Foote, CTR

A4C General Session met virtually on Friday, March 5, 2021

Subcommittee Updates

Early Detection- Provider education

Prevention – Finalized Lung Cancer Toolkit; flyer; letter that can be sent to providers



Legislation – out of session

Care & Treatment Subcommittee met virtually on Friday, March 5, 2021

Care & Treatment – Increase access to care & care coordination; interpreter skills; rural health focus; survivorship summit

Discussed role of interpreters & bilingual help; legislative mandate to provide services in clinics & hospitals vague. Intent of law vs actual application in community. Vast differences across the state/resources. Subcommittee to look at developing educational webinar to discuss challenges & how we can help meet those.

Office of Rural Health – increase care in rural areas & provide education & care coordination

Rural Health Center/Clinics and the Critical Access Hospital/Rural Hospital Program.

Dorothea Brock, DHHS Office of Rural Health

Nick Galvez, DHHS Office of Rural Health

Office of Rural Health Programs

ORH Rural Health Operations Program

Improve access to quality primary care for rural populations in North Carolina

Rural Health Center Program

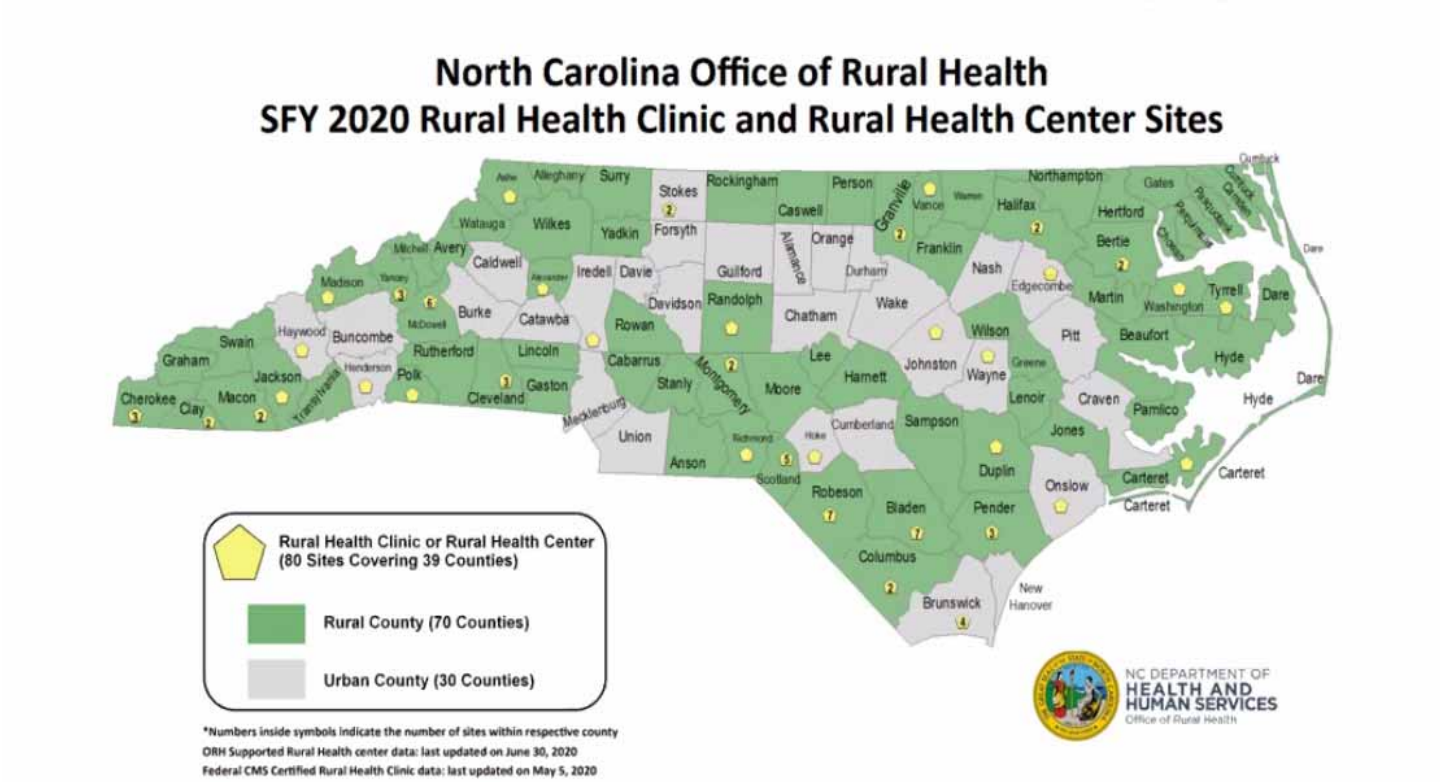
- Provide financial support for the operations of 14 community-based primary health clinics sites throughout the state ensuring the provision of basic health care. State-Designated Rural Health Centers offer high quality primary health care services to all residents.
- ORH documented care for more than 69,018 patients in state fiscal year 2019.
- Tracking 4 quality measures: diabetes, BMI, tobacco use, and hypertension
- State-Designated Rural Health Center grantees through funding, technical assistance and training.

Vaccine Case Management

Technical Assistance & Training

- Connect organizations and rural primary healthcare sites (Centers and CMS Rural Health Clinics) to resources to increase access to care, coordinate existing services, support quality clinical care and accomplish outcomes utilizing standard processes with the goal of building strong, coordinated networks in communities while avoiding duplication of efforts.
- The Rural Health Operations team is available to assist with inquiries regarding the following:
  - Healthy Opportunities
  - Clinical Quality
  - Chronic Care Management
  - Requirements of a State Designated Rural Health Center and interest in applying for Rural Health Center funds.

HRSA FORHP - State Offices of Rural Health
State Appropriations

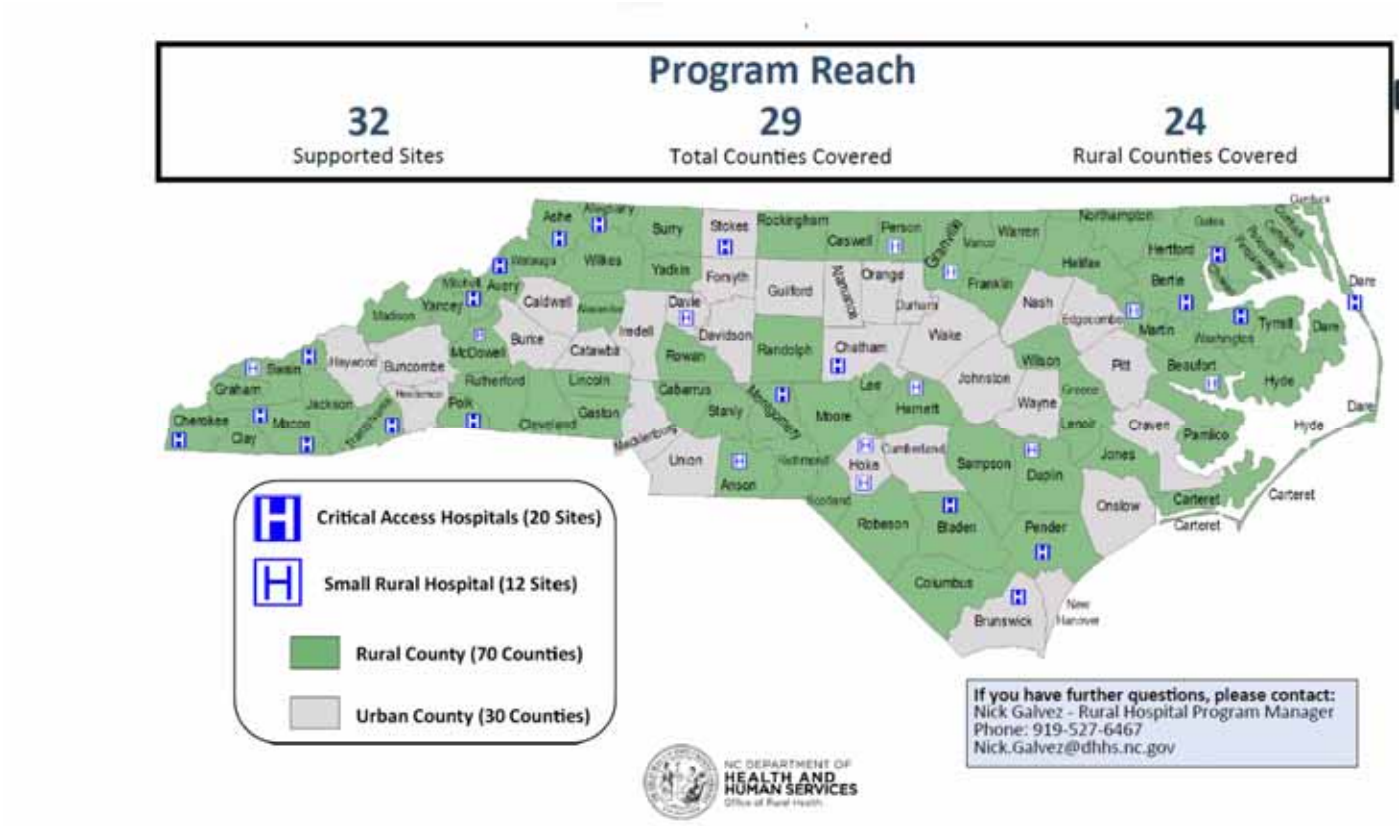


70/100 counties considered rural; grey considered urban

NC ORH Rural Hospital Program

- Rural Hospital Flexibility program (FLEX), supported by the Federal Office of Rural Health Policy and HRSA
- Small Rural Hospital Improvement Program (SHIP)
- NC State Telepsychiatry Program (NC - STEP) funded by the NC General Assembly since 2013

Federal grants & state funded; hospitals must be 25 beds or less & 30 miles from closest hospital. There are 32 in NC.



Green = rural counties; majority on western area (Asheville on approx. 10 hospitals) ; a few in mid state; less east side (5-7 hospitals); blue 25 beds or smaller; white small 49 beds or less; serve 29 counties in this program

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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's 47th Annual Educational Conference- Virtual only event: Member Rates: $360, Non-Member Rates: $460, https://www.ncra-usa.org/Conference/2021-Virtual-Conference Earn over 20 CE's in 3 days.

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, Casefinding and Grade exercises are now available as well. * New Case finding exercises available!

SEER Workshop -2021 SEER Advanced Topics for Registry Professionals Workshop will be held virtually on June 1 and June 2. Read full article: https://share.naaccr.org/community-home/digestviewer/viewthread?MessageKey=802dc5ff-cac7-4642-9be5-859b03b60504&CommunityKey=b29e2bb2-73c8-49d4-ad8e-7eb9abcda56d&tab=digestviewer#bm802dc5ff-cac7-4642-9be5-859b03b60504

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 Himagine Solutions at https://himaginesolutions.com/himagine-tumor-talk-webinar/ view previously recorded webinars at https://himaginesolutions.com/previous-webinars/

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

Register today for CAnswer Forum LIVE Webinar:
https://www.facs.org/caforumlive 1 CE hour awarded

- CAnswer Forum LIVE- 06/09/21, 08/18/21, 10/13/21, 12/15/21

NAACCR Narrative-

- Here is the link to the most recent NAACCR Narrative: https://narrative.naaccr.org/article/message-from-the-president/. There are a few educational opportunities. Also, the link to register for the NAACCR Summer Forum in June 15-17, 2021 is included.

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

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:

5/6/21- Pancreas
6/17/21- Kidney
7/8/21- Quality in COC Accreditation
8/5/21- Breast
9/2/21 Coding Pitfalls

Coding, Staging and Abstracting Resources:

***Online version of IDC-O-3**
http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577 the new version, ICD-O-3.2, is recommended for use from 2020.
***SEER 2020 updated case finding list**- https://seer.cancer.gov/tools/casefinding/
***ICD-O-3 coding table for new terms**- effective 10/1/20-9/30/21- https://seer.cancer.gov/tools/casefinding/icd-10-cm-casefinding-list.20200930.pdf, 2021 ICD-O-3 Coding Updates- https://www.naaccr.org/icdo3/
***SEER RX**- https://seer.cancer.gov/seertools/seerrx/
***SEER*RSA**- https://staging.seer.cancer.gov/
*** EOD 2018 General Coding Instructions**- https://seer.cancer.gov/tools/staging/eod/general-instructions.pdf
***Ask a SEER Registrar**- https://seer.cancer.gov/registrars/contact.html
***CAncer Forum**- http://cancerbulletin.facs.org/forums/help, NEW- Ask the pathologist Cancer Forum- http://cancerbulletin.facs.org/forums/forum/ask-the-pathologist
***Hematopoietic and Lymphoid Neoplasm Database**- https://seer.cancer.gov/seertools/hemelymph/
***Solid Tumor Rules**- https://seer.cancer.gov/tools/solidtumor/ -updated 12/9/20
***NAACCR- Site specific data items (SSDI/GRADE)-** https://apps.naaccr.org/ssdi/list/
***STORE-** Updated, effective for cases dx 1/1/21 https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/store_manual_2021.ashx
****AJCC- Errata for 8th edition AJCC https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx***
***Informational Abstracts**- http://www.cancerregistryeducation.org/rr
***NCI Cancer Types**- https://www.cancer.gov/types
*** RQRS User Guide**- https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/rqrs_userguide.ashx
***CTR Guide to Coding XRT-** NEW- Revised Guide 2021- https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx
***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 2021**- https://seer.cancer.gov/manuals/2021/SPCSM_2021_MainDoc.pdf
*** 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

NCRA Best Practice Guidance Series:
https://www.ncra-usa.org/Portals/68/Best%20Practice%20Guidance%20Series/Bestpracticesguidanceoutsourcing42021.pdf?ver=HenBJp339jk4uS7IY6m7zA%3D%3D

Radium Therapy for Advanced Breast Cancer:
https://www.cancer.gov/about-cancer/treatment/clinical-trials/search/v?id=NCT04090398&r=1

Addition of Experimental Immunotherapies for Metastatic Prostate Cancer:
https://www.cancer.gov/about-cancer/treatment/clinical-trials/search/v?id=NCT04633252&r=1

Major Change in Registry Follow-Up: Dx Years Prior to 2004 No Longer Required:
https://www.facs.org/quality-programs/cancer/news/040121/coc

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

New SARSCov2 Data Items - Clarifications from the CAForum

The following are a few key points from questions asked on the CAForum related to coding the 4 new SARSCoV2 data items. The reference to the various posts used is also listed below. Of course, continual monitoring of CAForum for further revisions should always be done.

1. The SARSCoV2 data items are to be completed for all patients diagnosed in 2020 and 2021 regardless of when they had a SARS CoV2 test and regardless of whether it was positive or negative. Knowing the test was negative or not done is equally important as documenting a positive test.
    a. If the patient had a diagnostic test before their diagnosis (time difference is not a factor), code the test and results in the SARSCoV2 data items.
    b. If the patient has a diagnostic test after their diagnosis and treatment, even in 2022 or later, update the abstract and code the test and results in the SARSCoV2 data items.
    c. If the patient was diagnosed in 2020 or 2021 and at any point has a positive CoVID diagnostic test, update the SARSCoV2 data items to reflect the first positive test. The date of the first positive test will also be recorded to describe the time difference between the positive test and the cancer diagnosis and treatment.
    d. Updating the SARSCoV2 data items should be considered for inclusion in the follow-up process.
2. All cases diagnosed in 2020 and 2021 need to be reviewed and the SARSCoV2 data items completed. The registry need to retrospectively go back and code cases already completed.
3. Polymerase chain reaction (PCR) and reverse-transcription PCR (RT-PCR) are the most common diagnostic viral nucleic acid tests and are the only kind of test that should be included in these data items. Diagnostic tests (RT-PCR) tests are based on detection of viral ribonucleic acid (RNA) and diagnose *current* infection.

a. Serologic antibody tests (for total antibody or IgM, IgA, and/or IgG antibodies) are not diagnostic tests for active SARS-CoV-2 infection. They test for *previous* exposure to infection. Antibody tests, SARS-CoV-2 Ag (Antigen or Rapid) tests, other adaptive immune response tests, and any other test done in the management of patients with COVID-19 (such as tests to detect biomarkers related to inflammation) are not included in these data items. But all are meaningful and **should be noted in Lab Text Field along with the keyword "COVID-19"**.
b. Tests go by many names. STORE instructs to code only the diagnostic RT PCR test in the SARSCoV2 data items. If it is not clear whether the test is a diagnostic RT PCR test, contact the Lab Department for further clarification.

4. If the lab report is not available, test and test results documented by a medical provider or stated in the medical record can be used. Documentation in the chart from a medical provider includes a statement in the chart or lab results (from same or different facility) scanned into chart.
5. The test does not have to be done as a pre-admit or in-hospital test. Patients may have diagnostic testing at outside clinics, pop-up tents, etc. at any time. However, the information must be documented in chart by a medical provider.
6. The COVID-19 TX IMPACT field includes cancer diagnosis, staging and treatment that was impacted in any way due to the pandemic. In addition to hospital availability (limited access to facilities or postponement of non-essential procedures), this also includes events such as hospital shortage, patient's fear of going to medical facility, lack of transportation, being confined to home due to possible exposure, etc.
    a. Screening delays such as mammograms are not included as they are not part of the diagnosis or first course of treatment. This is not considered a delay of treatment for this data item.

COVID-19 TEXT IS STILL REQUIRED!

Make sure all text related to COVID-19 specifically includes the word "COVID-19"!

The CCR relies heavily on **TEXT**. The standard use of "COVID-19" in the text will allow us to isolate these cases for further evaluation. As we are continually learning about testing, it is better to document it and not need it than to need it and not have it! Below is the CCR's guidance on how to standardize this documentation in the text.

Lab Text	Record the test type, date of test and results of ALL tests documented (positive and negative). **All tests (PCR/RT-PCR/viral RNA, antigen/rapid and antibody) should be documented along with the keyword "COVID-19.** If a test is repeated, document the repeated test date and results as well.
Treatment Text	If treatment is delayed, modified, or not given due to the COVID-19 pandemic, add that detail to the corresponding treatment text field.
Remarks Text	Record COVID-19 related ICD-10 codes specified in the medical record.

FAQ's:

1. UPDATE: What if the SARSCoV2 data items are modified after the case was submitted to the CCR?
   Answer: Instructions were included in our v21 requirements to vendors to trigger a modified record if any one of the new data items was modified. The CCR should receive these updates through the modified record file. Text remains a critical component of the documentation. Continue to document all test types and results in the Lab Text Field along with the keyword "COVID-19". When uploading, be sure to upload your Modified Record file in addition to your New Case file.

2. If treatment is delayed, when do I submit the case to the CCR?
   Answer: Please wait until ALL first course of treatment data items can be coded before submitting the case to the CCR. Keep in mind that the treatment does not need to be completed. Only the start date and type of treatment needs to be known to complete the required data items in the abstract.

CAForum References:
Sars/covid, 02-25-21; negative COVID test after treatment, 02-26-21; Statement of Positive COVID?, 02-10-21; Clarification Regarding types of SARS-CoV-2 tests to capture, 03-01-21; Covid Fields and Dates, 02-09-21; Other covid tests, 02-18-21; Treatment interrupted by COVID pneumonia, 02-24-21; Confusion Regarding COVID TX Impact, 02-25-21

Conversion to Version 21

The NC CCR continues to accept v18 and v21 XML file formats. If your vendor has your upgrade to v21 ready, the NC CCR has no restrictions on implementing the upgrade. You should:

1. Continue uploading your submission files as usual, regardless of the version your software is currently using.
2. Make sure all files, regardless of version, pass all edits in the appropriate version of the NC edit metafile. Vendors were sent the NC v21A edits in October so these should be included in your upgrade to v21. If needed, work with your vendor to make sure you are running the appropriate NC edits on your cases.
3. Any files received in v21 will be held and uploaded after we convert. However, we are running all files (v18 and v21) through the appropriate edits upon upload. Any files with edit errors will be rejected.
4. Once we have an idea of when all NC facilities have converted to v21, we will announce when we will stop accepting v18 formats.

All vendors are included on these announcement emails and will receive this information as well. And, as we learn more, we will continue to send out updates regarding the transition.

Ruth Maranda CTR
NC CCR Education and Training Coordinator

Below is a summary on a few different topics gathered over the past few months. Much of this information is from various webinars that occurred over the past few months.

A Few Manual Updates:

Major Change in the CoC Follow-up Requirement
Source: facs.org
You are no longer required to collect follow-up information for cases diagnosed between 1988 to 2004. For all eligible cases, an 80 percent follow up rate is maintained **from 2004** or the cancer registry reference date, whichever is shorter. A 90 percent follow up rate is maintained for all eligible analytic cases diagnosed within the last five years or from the cancer registry reference date, whichever is shorter. All Reportable cases are followed, except the following:

- Residents of foreign countries
- Cases reportable by agreement
- Patients whose age exceeds 100 years and who are without contact for more than 12 months.
- Analytic cases *Class of Case 00*

STORE 2021 - updated 2/2021
Source: himagine Solutions Tumor Tips
*The STORE 2021 was updated in 02/2021. C*heck to make sure that your copy has the "© *2020 AMERICAN COLLEGE OF SURGEONS ALL RIGHTS RESERVED"* on the pages starting with page 28. This was discussed during the NAACCR Boot Camp 2021 webinar.

Summary of Changes 2021 (updated 02/2021) page 33-34
Mets at Diagnosis:

- Bone, Brain, Liver, Lung, and Other: The coding instructions for the use of code 8 (Not applicable) was updated with the addition of the 5th row, pages 179, 181, 185, 187, and 189.
- Distant Lymph Nodes: the coding instructions for the use of code 8 (Not applicable) was updated with the addition of the 5th and 6th row.
- In your copy of STORE 2021 make these corrections to the table pages 179, 181, 185, 187, 189. CROSS OUT C770 C779

New CTR Guide to Coding Radiation Therapy Treatment in the STORE Version 3.0 February 2021
The CoC National Cancer Database (NCDB) has released the CTR Guide to Coding Radiation Therapy in the STORE, Version 3.0. The document is located on the NCDB website under the header Resources and on the Cancer Forum subfolder Radiation.

SSDI and GRADE
Source: NAACCR 2021 Implementation Webinar
Version 2.0 of the SSDI and Grade has been released. Criteria for timing rules for:
Laboratory Tests

- All lab values must be done no earlier than approximately three months before diagnosis. This still applies even if further work up is delayed due to COVID. This is for lab values only, PSA, CEA, etc. these instructions are not used for tissue-based results, KRAS, Ki-67, etc.

Consult Reports

- If a report is sent out for consult and results are different than original reports, record the results from the consult.

Extranodal Head and Neck Clinical

- New Code 4: Positive nodes clinically, ENE is identified, but not known how identified. Priority is given to codes 1 and 2, physical exam w/without imaging and microscopic exam.
- New Code 7 LN clinically negative. This does not apply to tumors that are invasive clinically and in situ on resection.

Circumferential Resection Margins (Colon/Rectum)

- COLON: surgery of primary site must be coded as 30-80. If surgery is coded 00-29, then CRM must be coded as XX.7. If polypectomy is done, CRM is always XX.7.
- RECTUM: surgery of primary sit must be coded as 27, 30-80. Code 27 includes Transanal resection. if surgery is 00-26 or 28, then CRM must be coded as XX.7.

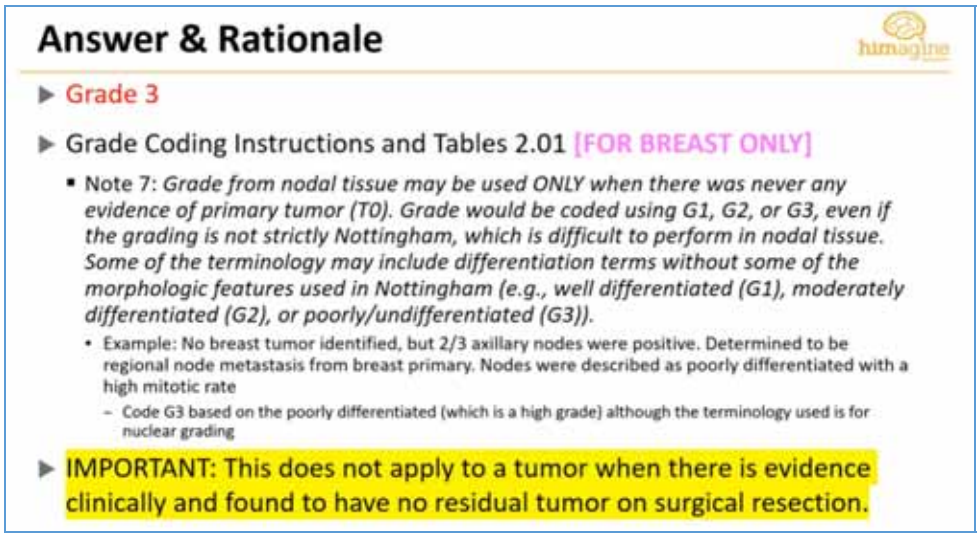
Ulceration (Melanoma Skin)

- Ulceration must be caused by an underlying melanoma, NOT trauma from previous procedure.

Coding Grade for Breast:

Source: Himagine Webinar, Breast, February 24, 2021

How many times have you heard… only use the grade from the primary tumor? We can't have a good rule if it doesn't have a good exception to the rule! Grade is no exception. The following was shared in the February Himagine Webinar and is a good reminder to pay close attention to exceptions to the rules.



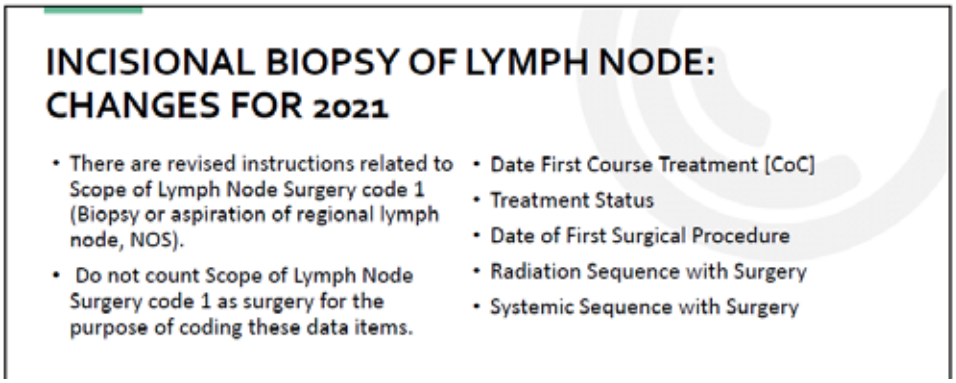
Coding Scope of Regional Lymph Node Surgery – Code 1:

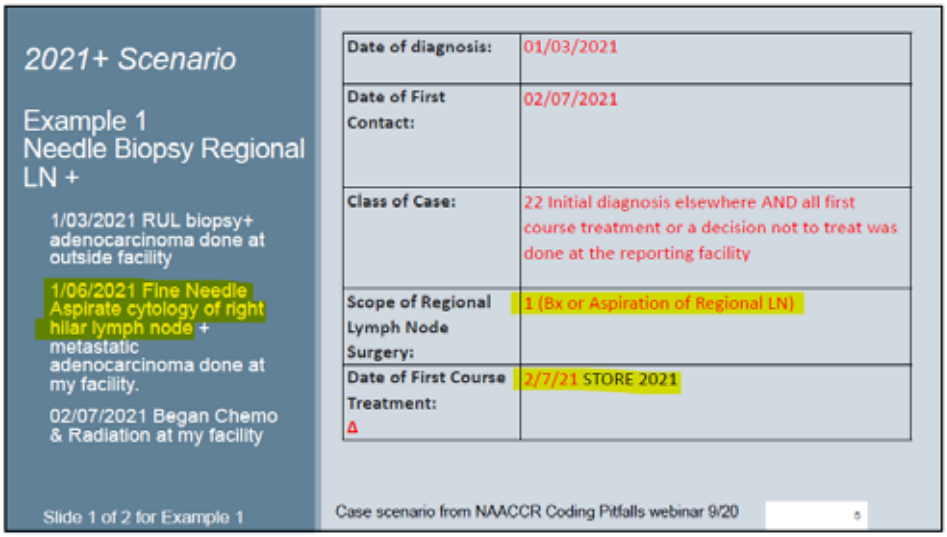
Sources: STORE, CCARM, and the January NAACCR webinar (it is at the end of the presentation in the Treatment Coding Updates section, around page 60).

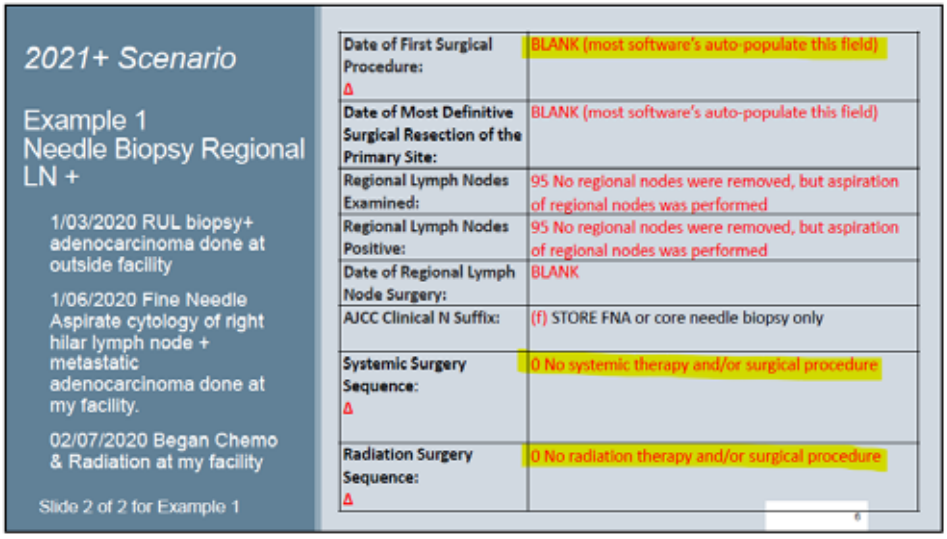
CCARM and STORE, Date First Surgical Procedure, first bullet under Instructions:
Record the date of the first surgical procedure of the types coded as *Surgical Procedure of Primary Site*, *Scope of Regional Lymph Node Surgery* **(excluding code 1)** or *Surgical Procedure/Other Site* performed at this or any facility.

For 2021, there are revised instructions related to Scope of Lymph Node Surgery, code 1 (Biopsy or aspiration of regional lymph node, NOS). Do not consider code 1 as surgery for the purpose of coding the following data items:
• Date First Course Treatment [CoC]
• Treatment Status
• Date of First Surgical Procedure
• Radiation Sequence with Surgery
• Systemic Sequence with Surgery

For example, if Scope of Lymph Node Surgery = code 1, and no other treatment was given, then these data items would reflect the appropriate code for “none, no treatment”. If you code a surgery date for a lymph node biopsy only (and there was no surgery to the primary site), you will get an edit!







Estimating Dates in the Abstract:

Sources: March NAACCR webinar
CCARM: Differences in Reporting Requirements between the NCCCR and the CoC, Coding Dates, page 27; Additional Information for Abstracting, Coding Dates, page 63

One of the segments in the March NAACCR webinar was on coding the date of diagnosis. There was a discussion of leaving part of the date blank when the exact month or day is not known. Blanks in dates can create severe problems in the CCR database when you are receiving 10's of 1000's of cases each year. Therefore, the NC CCR provides additional instructions on how to code the date when the full, exact date is not known.

First and foremost: Make every attempt to code a **complete** date. Just because you can leave the date partially blank does not mean that you should! Dig deeper. Try to find that date!

Estimate the complete date if possible. Look for clues that indicate a time period, such as last week, last month, recently, etc. If it is a new diagnosis, you know that this date is sometime in the very recent past, as opposed to the possibility of it being diagnosed years ago if it is a recurrence and metastasis. If an estimate of the day or month simply cannot be determined using these clues, it is ok to record a partial

date. In this situation, recording the partial date is preferred to using the flag field to indicate an unknown date. Something is better than nothing! Text should specify when a date has been estimated.

Never fill in unknown parts of the date with 9's! This is not a valid date option and will cause problems in the data manipulation that the CCR performs on the data.

The Date of Diagnosis puts the case into the year of evaluation. If the date is left blank, then the case cannot be included in statistics, publications, research studies, etc. A completely unknown date of diagnosis essentially renders the case unusable. All things center around this date and is critical to the abstract.

Date of Diagnosis for analytic cases:

- **All applicable date fields, including date of diagnosis, cannot be blank.**
- If an exact date is unknown, the entire date MUST be estimated as these cases are in the initial workup and treatment phase of the diagnosis and these procedures are most likely very recent.
- Use any clues available to approximate the date, such as a "diagnosed last year," "recent diagnosis," "treatment began last month," etc.
- Use the text to validate the estimated date.

Date of Diagnosis for non-analytic cases:

- **Avoid an unknown diagnosis date if possible. Make every attempt to at least determine the YEAR of diagnosis.**
- If there is absolutely no indication to allow even the year to be estimated, the date may be left blank for non-analytic cases only. Use the text to validate why the date is unknown.

Some tips and examples for estimating the date:

Description	Tips for Estimating	Record	Flag
Only the Month and Year is known	Estimate the DAY if possible. If the day cannot be estimated, enter the first day of the month "01".	20210201	Leave blank
Only the Year is known	Estimate the MONTH and DAY if possible. Use the date of diagnosis or other treatment dates as a clue. For example, date of diagnosis is 20210514. Estimate the surgery date as the 1st of the month for the following month.	20210601	Leave blank
Surgery performed but Date is unknown	Use the date of diagnosis or other treatment dates as a clue. For example, date of diagnosis is 20210514. Estimate the surgery date as the 1st of the month for the following month.	20210601	Leave blank
Information is limited to the description of "Spring"	Use current year and 0401 for Spring	20210401	Leave blank
Information is limited to the description of "The middle of the year"	Use current year and 0701 for middle of the year	20210701	Leave blank
Information is limited to the description of "Fall"	Use current year and 1001 for Fall	20211001	Leave blank
Information is limited to the description of "Winter"	Try to determine if this means the beginning or the end of the year.	20201201 or 20210101	Leave blank

Estimating a complete date should be the priority and recording a date as unknown is a last resort.

NC Central Cancer Registry Re-coding Audit:

Lung and Lymph Nodes: Summary Stage 2018 vs AJCC 8th Ed

Cheryl Biagiarelli, CTR,Quality Management Specialist
Dianna Stucky, CTR, QC Supervisor/Audit Coordinator

Did you know… for a Lung Primary, if you have supraclavicular, scalene or contralateral hilar/mediastinal lymph node involvement that AJCC and Summary Stage differ on how these should be categorized?

- **In AJCC TNM 8th ed.,** Chapter 36 for Lung, these are considered **Regional Lymph Nodes**, and it is coded in the N category as an N3.
- In **Summary Stage 2018,** pg 189 for Lung, these are considered **Distant Lymph Nodes** and should be coded as Distant (code 7).

AJCC TNM 8th Ed- N3	SEER Summary Stage 2018 - Code 7
METS IN IPSILATERAL LNs: • Scalene • Supraclavicular **METS IN CONTRALATERAL LNs:** • Mediastinal • Hilar • Scalene • Supraclavicular	**DISTANT LYMPH NODES INVOLVED(s):** • **IPSILATERAL or CONTRALATERAL** o Low Cervical o Scalene o Supraclavicular (transverse cervical) • **CONTRALATERAL/BILATERAL** o Cervical o Hilar o Mediastinal

This quandary sparked an audit. We wanted to specifically look at Summary Stage and identify cases where there was involvement of the Supraclavicular, Scalene and/or Contralateral Hilar/Mediastinal Lymph Nodes but the Summary Stage did not reflect them as Distant Disease.

To narrow down our search, we decided to use the AJCC TNM N(3) category to identify these cases and cross referenced that with the Summary Stage to find discrepancies.

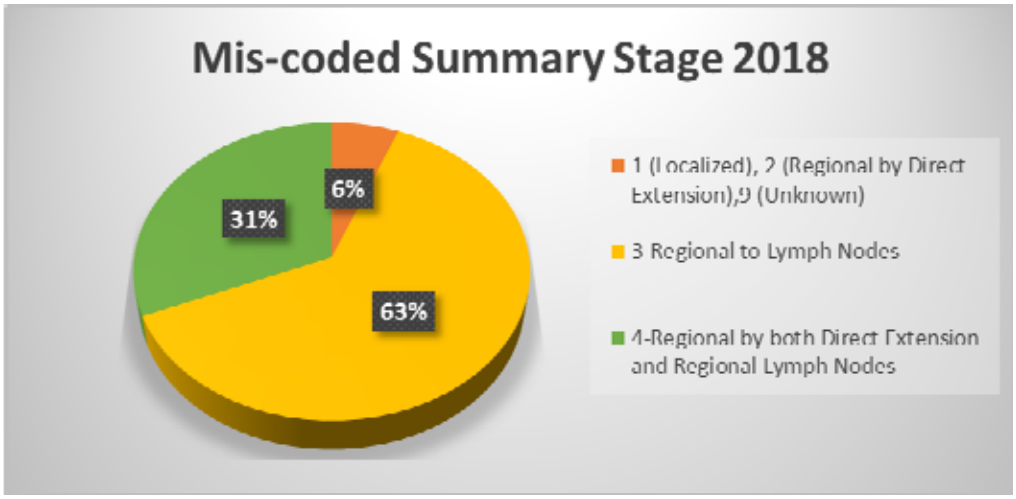
Purpose: To determine if Summary Stage reflects Supraclavicular, Scalene and/or Contralateral Hilar/Mediastinal LN involvement as Distant LN involvement/disease.
Criteria: Lung (C34.0-C34.9) cases with an AJCC TNM cN3 or pN3
Study Period: Year of Diagnosis 2018-2019

Results:

- 2,941 cases with the above criteria were manually reviewed.
- 601 (20%) cases were recoded to a SS2018 code of 7 (Distant)
  - 377 (63%) cases had a SS2018 code of 3 (Regional to the LN's)
  - 188 (31%) cases had a SS2018 code of 4 (Regional by both Direct extension and Regional LN's)
  - 36 (6%) cases had a SS2018 code that didn't reflect LN involvement at all.
- 39 cases could not be validated due to insufficient text.
- The TNM N3 category was corrected for 22 cases based on text.

Of note: Summary Stage was not recoded to 7 (Distant) strictly based on an N3 being assigned in AJCC TNM. The text was also reviewed to ensure that the TNM N category was correctly assigned as well!

This chart shows the breakdown of miscoded cases by Stage:



Key points:

- Summary Stage and AJCC do not always align exactly.
- It is SUPER important to reference ALL manuals! While situations like this are not the norm, if we don't refer to the appropriate manual based on the data item being coded, discrepancies such this can be overlooked and miscoded so easily.

As is always mentioned in our audit summaries… TEXT IS KEY to validate stage and other coding!!! We couldn't do these audits without the text documentation in your abstract! And based on the findings above we were able to validate Summary Stage on over 98% of the cases because there was sufficient text, which is awesome! We hope this feedback is helpful as we know that reducing coding errors and providing accurate data is everyone's ultimate goal.

Extern Program – Novant Health Cancer Registry

The Novant Health started exploring a way to work with new graduates of CIM programs that needed real life experience. With the pandemic, many of these graduates had a modified virtual practicum which is not ideal. I reached out to our corporate student program coordinator and heard about the Extern Program our HIM program had. We started a discussion on how this might work for the cancer registry.

The program with HIM is called Project Xtern and is run by the AAPC. I initially reached out to NCRA to see if there was any interest in establishing a program but got no traction. I understand the priority is to get students placed for practicums which can be challenging.

So the Student Programs Coordinator and I decided we would start a program for our company. There was a lot of groundwork that had to be laid by Student Programs. We worked closely with the CIM program at Davidson County Community College in Lexington, NC for our initial launch. We opened a window for candidates to apply. The criteria include graduation from a CIM program and eligibility to sit for the CTR exam.

The Externs had to commit to provide at least 20 hours of week for 16 weeks. In exchange, we would provide experience abstracting using registry software and an EMR. They would be exposed to all aspects of the registry, attend virtual tumor boards and Cancer Committee. Their work would have the same QA expectations as the paid staff.

In addition, each Extern had to pay for their own background check, purchase liability insurance, and provide proof of required immunizations. The Novant Student Programs Coordinator handled all those process verifications. I was notified when the candidates were cleared to start.

Our first 2 candidates started in February and will complete the program at the end of May. It has been a very positive experience for the Externs and our team. We plan to open applications again in July with the next start window after Labor Day.

The challenges were working with our own IT department. In order to gain access remotely to our EMR, the Externs were required to have Novant owned laptops. We were fortunate in that in a recent upgrade we were able to keep several working laptops. The Externs had to travel to Winston-Salem to pick up their equipment. Each were assigned a Novant email account so we could send messages and files securely within our network.

If your hospital has interest in starting an Extern program, please contact me.

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Frederick L. Greene, MD FACS
Levine Cancer Institute

Celebrating May

We have a tradition in our country of dedicating specific days, weeks or months during which we celebrate events, concepts, organizations, groups of professionals or any other entity that warrants highlighting and reverence. Certainly the month of May is no different. In May we celebrate National Nurses Appreciation Week, National EMS Week, National Hospital Week, National Nursing Home Week and National Arthritis Month. Obviously many of these days remind and encourage us to recognize those with whom we work in our hospitals, organizational settings and in our daily professional lives. But May also includes a very special recognition—we honor and thank Mom for everything that she has done for us.

In 1912 Anna Jarvis, born in the 1860's in West Virginia, trademarked the term "Mother's Day" and recommended that the second Sunday in May be a time to remember mothers throughout the United States. Anna Jarvis, who began her campaign to create Mother's Day after her own mother died, attained her dream in 1914 when President Woodrow Wilson signed the law officially creating Mother's Day as a country-wide celebration. It is noteworthy that the singular possessive form of the phrase Mother's Day was utilized with a specific intent that each individual should honor his or her own mother.

Yes, Mother's Day is always so special for me, especially since I lost my mother almost twelve years ago. In 2021, however, we remember all the Moms who sadly left us during the pandemic and many reflect on all the months of quarantine that prevented us from seeing Moms, Grandmothers and Great grandmothers. For those of you who still have Mom in your life, it is my hope that you utilize every opportunity to say "Thanks" to her for being there.

For those who may be estranged from Mom perhaps it is time to begin a new relationship. For those, like me, who no longer have Mom, we must stop to reflect on Mother's Day and be thankful for the times that we had together. All of us need to remember how our Mom impacted not only our very being, but also our approach to our profession, our patients and to those special relationships we have forged throughout our lives. Perhaps Mother's Day should be more than a day-long event and celebrated more than once a year.

Each May, in addition, brings the promise of growth and renewal. The beauty of spring has progressed to warmth throughout most of our country except in some Northern climes where snow flurries and cold winds still remind some that global warming may not have become reality! This May will also usher in the excitement once again of in-person graduations and the realization for students at all educational levels that in-classroom schooling is an opportunity that should not be taken lightly. For the sports enthusiast, the hoopla of the Final Four has faded, another Masters champion has already been crowned, Major League Baseball has returned and is thankfully into its second month and football with fans is beginning to be a topic of conversation. As we reflect on this month, let us also remember the most important and meaningful events and people in our lives. Yes, the month of May allows us to do all of that.