The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2016

Message from the President:

Jenean Montgomery Burris, RHIT, CTR

Happy Summer ANCCR members:

Thanks to you, ANCCR members, I was very fortunate to attend NCRA's 42nd annual education conference in Las Vegas, NV. I was thrilled to represent NC and ANCCR as its president. I was able to participate in many informative, sometimes hilarious educational sessions provided by wonderful speakers. One of the most informative sessions was on the topic of Radiation therapy, coding and treatment. Wilson Apollo, RTT, CTR spoke about radiation treatments that are often miscoded, especially the under-coding of Intensity-Modulated Radiation Therapy. We are so fortunate that this speaker will be giving his presentation at the Carolinas Regional Registrars Conference in September. You do not want to miss it! As expected there were many sessions related to the changes in AJCC staging. I thought it was interesting that Donna Gress, RHIT, CTR related TNM staging to telling the story of the patient by assigning the correct staging elements. This just shows how important TNM staging is to the workup, treatment, outcome, and further study of cancer. Also, have you heard? The 8th edition of the TNM Cancer Staging Manual will be dedicated to ME, YOU, US, The Cancer Registrars!

It was a privilege to attend the President's luncheon and it was wonderful to be able to put faces to names/voices for the President of the South Carolina Cancer Registrars Association, Kammy Rebl and their Vice President Laurie Josiger. We are beyond excited about the upcoming regional meeting in September. We handed out fliers and received a lot of interest in the event.

On Wednesday, at the NCRA business meeting, one of our own North Carolina Registrars was awarded a very prestigious award! Please join me in congratulating Angela Rodriguez, CTR on receiving the Outstanding New Professional Award. This award is given to a NCRA member for significant involvement with NCRA and the profession. Angela is currently serving on the NCRA Membership Committee.

It was wonderful to see familiar faces from home while in Vegas! I think I had the opportunity to speak to all the ANCCR members that were present at the meeting, but if I missed anyone I'm sorry!

I can't wait to see everyone in September at the Carolinas Regional Registrars Conference. Have a fun and safe summer! Remember to apply your sunscreen and re-apply every two hours!

June 1, 2016

Dr. David P. Winchester
Medical Director
Commission on Cancer
633 N. St. Clair Street
Chicago, IL 60611-3211

Dear Dr. Winchester,
It was with great disappointment that we read in the May 2 edition of the CoC Source that the implementation of NAACCR V16 has, yet again, been delayed. Moreover, there is no projected date for the availability of the NAACCR V16 compliant software release. The challenge for all is clearly the fact that we are 6 months into 2016 and there is no date for implementation in sight. On behalf of the Association of North Carolina Cancer Registrars, we are reaching out to ask your support in amending the requirement that all 2016 cases be submitted using NAACCR V16 software.

The CoC Source recommends that "Registrars continue to abstract only the CS data items required to determine case eligibility for the RQRS quality measure, which are the CS data items." This directive implies that each case must be touched several times as part of the abstraction process. The first touch being the entering of CS data and at some future, and as yet unknown date, return to the case to enter the V16 required data. This directive will clearly create a difficult/impossible situation for most Cancer Programs as they attempt to complete a retrospective caseload of 6-8 months while endeavoring to stay current by submitting case data using the new V16 upgrades. *Clearly, the CoC can modify or suspend the submission dates for CS Required Data Items (Continuing Requirement) for six months following the implementation of V16 or delay the implementation of V16 until January 2017.* Current staffing and hospital budgets are unlikely to change so that meeting both objectives is not achievable as the delay in implementation will add extra time to finalize each case.

It is our understanding that NAACCR has a timeline for implementation of changes for the upcoming years. The announcement of the changes to add the P and C prefixes and the allowable values occurred after the NAACCR deadline for inclusion in the NAACCR Version 16 implementation for diagnosis year 2016 cases. Be aware that most of our hospitals' registries started collecting these cases as of February 2016.

As a state group, we request a review of the options presented here, as well as those identified by the CoC that would take into account the operational and staffing implications of the delay. Implementation delays in V16 and more recently reported for V17 have immense implications for registries. We are proud of our role with the College and see our work as a contributing element in the fight against cancer. However, we also acknowledge that an entire year's worth of work cannot be meticulously accomplished in 6 months. We ask your consideration and support at the highest level of the CoC to change the implementation schedule so that we can all succeed in our joint mission.

Respectfully,

Jenean M. Burris, RHIT, CTR
President
Association of North Carolina Cancer Registrars

ANCCR's Executive Board 2015-2016

President: Jenean Burris, RHIT, CTR jburris@wakehealth.edu **Immediate Past President:** Leta Vess, BA, CTR **Vice President:** **Secretary:** Linda Lucas, CTR lllucas@novanthealth.org **Treasurer**: Kelly Lowrance, RHIT, CTR kalowrance@novanthealth.org **Ways & Means:** Kimberly Bobbitt and Kisha Raynor, CTR kisha.raynor@carolinashealthcare.org **Grants & Vendors:** Paige Tedder, CTR Paige.tedder@carolinashealthcare.org Kathleen Foote, CTR kathleen.foote@unchealth.unc.edu **Program Coordinator**: Deborah Carrethers,CTR dgcarrethers@novanthealth.org **Bylaws:** Adaline Brown, RHIT, CCS, CTR abrown@certicoderegistry.com	**Membership:** Vickie Gill, RHIA, CTR vagill@novanthealth.org **Education**: Inez Inman and Jenean Burris **Educational Scholarship:** Inez Inman, BS, RHIT, CTR iinman@wakehealth.edu **Historian**: Deborah Poovey, CTR dpoovey@catawbavalleymc.org **Nominating**: Farrah Scodius, BS, CTR farrah.scodius@unchealth.unc.edu **Publications**: Inez Inman, BS, RHIT, CTR iinman@wakehealth.edu **Web Site Coordinator:** Cathy Rimmer, BA, MDiv, CTR ccrimmer@novanthealth.org **A4C Liaison:** Desiree Montgomery desiree.montgomery@unchealth.unc.edu **NCRA Liaison:** Melanie Rogan, CTR melanie@ers-can.com **Central Cancer Registry Liaison:** Melissa Pearson, CTR Melissa.pearson@dhhs.nc.gov

Upcoming Educational Meetings

Carolina's Regional Registrars Conference

Where: Embassy Suites
5400 John Q. Hammons Dr NW
Concord, NC

When: September 21 -23, 2016

Cost *(Full three day registration)*: $150.00 members (NC & SC)
$175.00 non-members

Hotel (*per night*): $169.00 plus tax
Online Hotel Booking:
http://embassysuites.hilton.com/en/es/groups/personalized/C/CLTCCES-ACR-20160920/index.jhtml
http://www.embassysuitesconcord.com/

Register and pay now for the meeting registration ONLINE!
http://register.ncregistrars.com/civicrm/event/info?reset=1&id=1

NCRA Educational Conference

2017 - April 5-8, Washington, DC
2018 - May 20-23, New Orleans, LA

TREASURER'S REPORT
Kelly Lowrance, RHIT, CTR

Net Worth – As of 5/12/16

Account	Balance
ASSETS	
Cash and Bank Accounts	
ANCCR Checking	10,314.05
Money Market	21,243.63
Shares Account	61.00
TOTAL ASSETS	31,618.68
LIABILITIES	0.00
OVERALL TOTAL	31,618.68

Checking Account Activity since 1/14/16

Beginning Balance:	13,432.66
Expenses:	
Website Design	- 1,579.40
Postage	- 33.70
Jenean Burris – NCRA Conference	- 1,758.00
Bank Fees	- 2.87
SECU Foundation	- 4.00
	- $ 3,377.97
Deposits:	
Dividends Earned	+ 9.36
Membership Dues	+ 250.00
Total Deposits	259.36

Checking Acct Balance as of 5/12/16: $ 10,314.05

MEMBERSHIP
Vickie Gill, RHIA, CTR

As of May 23, 2016, there are 136 paid ANCCR members.

NOMINATING COMMITTEE
Farrah Scodius, BS, CTR

The following have agreed to run for elected office this year. See candidate profiles on page 16.

President:	Jenean Burris, RHIT, CTR
Vice-President:	Kelly Lowrance, RHIT, CTR
Secretary:	Angela Rodriguez, CTR
Treasurer:	Jennifer McLean, CTR

2016 ELECTRONIC VOTING FOR ANCCR OFFICERS
Cathy Rimmer, BA, MDiv, CTR

The online voting will be from August 1-August 14.
The final list of candidates will be posted along with candidate profiles. Members must be registered on the ANCCR website to be able to vote electronically.

An email with instructions on voting will be sent out prior to August 1st. For questions about on-line voting, contact Cathy Rimmer, ccrimmer@novanthealth.org.

EDUCATION REPORT
Jenean M. Burris, RHIT, CTR

Davidson County Community College has 7 new students ready to begin the CIM program (beginning with the non-CIM courses) this Fall. There are no students ready to take the actual CIM courses so, the next time that we will have students looking for places to complete their abstracts will be Fall 2017/Spring 2018. There was one graduate from the program this year.

Looking for **FREE** Directly Coded Summary Stage Training Power Points from NCRA? They can be found here.

WEB SITE REPORT
Cathy Rimmer, BA, MDiv, CTR

NAACCR Webinars - continue to post the recordings on the Members Only Section.

Members Only Section - have an ongoing problem with registrars who are not ANCCR members trying to register on the Members Only website and get blocked. The webmaster works closely with me and the membership chair in keeping a current list of members to approve for registration on the website.

Job Postings - We continue to post job openings for NC Hospitals for free. If it is an outsourcing company or other non-hospital organization, we charge $50. Recently I have been working with some other state's web sites in regard to posting a job in Virginia. I would like to see if we could work out a reciprocal arrangement with other states in our region, that would allow NC hospitals to post for free on other state web sites if ANCCR will allow free posting. Just something to consider - maybe start with VA and SC?

NCRA LIAISON REPORT
A4C REPORT
Desiree Montgomery

The FDA Rule regulates products that meet the federal statutory definition of "tobacco products". This rule is effective 90 DAYS after date of final publication in the Federal Register.

The new rule includes currently marketed products:

- Electronic cigarettes, all ENDS products, including all the parts/components, but not accessories
- E-liquids
- Hookah tobacco, water pipes
- Cigars
- Pipe tobacco
- Certain dissolvable tobacco products (i.e., dissolvable products that do not currently meet the definition of "smokeless tobacco)

The new rule includes the following provisions:

- Prohibits sales to children under 18 (retail and online), requires age verification for all sales and provides for federal enforcement and penalties against retailers and online vendors who sell to minors
- Restricts vending machines to adult-only facilities
- Prohibits free samples
- Requires all tobacco products containing nicotine to carry an addiction warning
- Requires disclosure of ingredients and documents related to health
- Requires manufacturers of all newly-regulated products, to show that the products meet the applicable public health standard set forth in the law and receive marketing authorization from the FDA, unless the product was on the market as of Feb. 15, 2007. The tobacco product review process gives the agency the ability to evaluate important factors such as ingredients, product design and health risks, as well as their appeal to youth and non-users.
- Under staggered timelines, the FDA expects that manufacturers will continue selling their products for up to two years while they submit - and an additional year while the FDA reviews - a new tobacco product application. The FDA will issue an order granting marketing authorization where appropriate; otherwise, the product will face FDA enforcement.
- Prohibits manufacturers from claiming a tobacco product is less harmful or will expose a consumer to fewer harmful substances without first providing the FDA with scientific evidence; example: Prohibition against sale and distribution of products with modified risk descriptors (e.g., "light," "low," and "mild" descriptors) and claims unless FDA issues an order authorizing their marketing;
- Authorizes the FDA to set standards governing the content of tobacco products
- FDA has explained that establishments (e.g. vape shops) that mix or prepare e-liquids or create or modify aerosolizing apparatus for direct sale to consumers are tobacco product manufacturers under the definition set forth in the FD&C Act and, accordingly, are subject to the same legal requirements that apply to other tobacco product manufacturers.

The FDA proposed rule does not include:

- Banning flavorings in e-cigarettes that may appeal to youth
- Restricting marketing that appeals to kids

Preliminary Data - 2015 NC Youth Tobacco Survey

- E-cigarette use among high school students jumped by 888%, from 1.7 % (2011) to 16.8% (2015)
- E-cigarette use among middle school students jumped by almost 600%, from 1% (2011) to 6.99% (2015)

NOTE: *This 2015 data is preliminary and may be underestimating the true extent of tobacco use among NC youth. Additional studies may be released in the coming months that provide further detail.*

May 6, 2016 **Cancer Prevention and Treatment Related Bills and Laws of Interest from 2016 NCGA Short Session**			**Crossover/ Alive for Short Session**
Short Title	**Bill #**	**Status**	
2015-16 Appropriations Act. Included: • S1.2 million appropriated in recurring funding for the QuitlineNC • S1.5 million appropriated in recurring funds for the NC Breast and Cervical Cancer Program	H97	Ratified and signed by the Governor. Effective October 23, 2015. Both line items were included in the 2016 Governor's Budget	
NC Cancer Treatment Fairness	H306	Passed the House and sent to the Senate. Referred to Committee on Rules and Operations of the Senate on 4/22/2015	Yes
Healthy Small Food Retailer/Corner Store Act	H250 S296	Passed the House; Referred To Committee on Rules and Operations of the Senate; provision and funding was not included in the final budget. Senate bill re-referred to Appropriations/Base Budget. lf favorable, re-referred to Health Care on 03/25/2015.	Yes $ Yes $
Funds/Youth Tobacco Use Prevention. Emphasis on emerging tobacco products, such as electronic nicotine delivery systems (ENDS)	S759	lntroduced this session and referred to the Committee of Appropriations on 04/27/2016	$
You Quit Two Quit - Perinatal tobacco use cessation program		CFTF is seeking an appropriation	
Appropriate Funds for Tobacco Use Prevention.	S662 H450	Senate Bill referred to Committee on Rules and Operations of the Senate on 03/30/2015 House Bill referred To Committee on Appropriations on 04/02/2015; not included in the budget	Yes $ Yes $
Restore Funding for Tobacco Use Prevention	H939	Referred to Committee on Appropriations on 04/20/2015; not included in the budget	Yes $

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

DO NOT SUBMIT CASES DIAGNOSED IN 2016 UNTIL YOU HAVE CONVERTED TO NAACCR VERSION 16!

Focus on finishing all 2015 cases. Go ahead and review the 2016 casefinding reports to identify 2015 cases not seen until 2016.

It is projected that the 2016 edits will not be available from the standard setters until late June. Then, all software vendors will need to have time to test, implement and distribute the updates.

If you do not want to wait to *start* the abstracts for 2016 cases, it is important that you include detailed stage information in your text so that you can go back into these cases to make the 2016 changes without having to review the medical record.

Be sure to exclude these 2016 cases from your transmissions until you receive the upgrade from your vendor containing the 2016 changes and the NC CCR 2016 edit metafile. Any NAACCR version 15 files containing 2016 cases will be rejected.

You may want to run a few reports on your stage data before creating the submission file to ensure SS2000 and AJCC TNM was assigned appropriately on all cases.

Please review your 2015 and 2016 staging data carefully before transmitting to the CCR.

SS2000 is directly assigned on all cases

AJCC TNM is directly assigned on all cases

Linkages:
The CCR links (or matches) its data against several external resources to identify missing cases. A few of the linkages that you may be most familiar with include the:

- Death File from Vital Records
- Rapid Case Ascertainment (RCA) database
- Path Reports from Path Labs
- Hospital Discharge Database

CCR staff have sent out lists to their facilities of potentially missing cases from several linkages that have taken place this year. Facilities that received one of these lists should use that information to help identify potential problems in their casefinding procedures.
Missed cases identified on the Death Certificate match have not been reported by any other facility to the N.C. CCR. We would appreciate your taking a moment to review your records and abstracting the case with as much information as possible. Every attempt should be made to abstract the case. Remember that non-analytic cases are reportable to the CCR. This includes patients with active disease only and also includes ALL visit types, including patients seen only in the ER. We understand there may be little information and many data items will be unknown. All reportable, missing cases identified from these lists should be completed to the best of your ability and reported by July 1st.

THE NC CCR DATABASE is…

The NC CCR will be converting from Eureka to CDC's Registry Plus software. The migration will take place after the submission of 2015 cases to NPCR and NAACCR later this Fall.

Facilities that upload files to the NC Web Portal
will continue their routine uploading process to the portal as normal.

Facilities that enter cases directly into Eureka
will be transitioned to WebPlus which is part of the Registry Plus suite of software applications.

With the 2016 changes AND a major database change, we appreciate your patience as we learn how to manage our current processes using this new software.

New Frontiers in Cancer Treatment

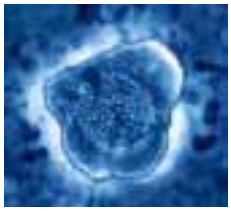
Allen D. Austin, III, BA, CTR
Supervisor/Audit Coordinator, Quality Management Specialists
North Carolina Central Cancer Registry

"Cancer can be wily because it does everything possible to dodge destruction. But viruses are equally tricky in their mission to invade cells and propagate."
— Frederick Lang, M.D.

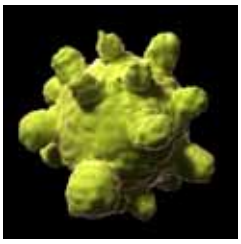
There is a field in cancer research called virotherapy, using oncolytic viruses to treat cancer, which involves using viruses to infect the cancer cells while sparing normal cells. This research, although in practice since the mid 1950's, has exploded in the last ten years. Initial research revealed that the immune system defeated the virus before it could take effect, but by adding immunotherapy it became more effective. For example, researchers at Queen Mary University of London armed the Vaccinia virus with a copy of the interleukin-10 (IL-10) gene to dampen the immune response, thus hiding the virus from the host's immune system, in order to treat pancreatic cancer.

The following are some exciting examples of this research:

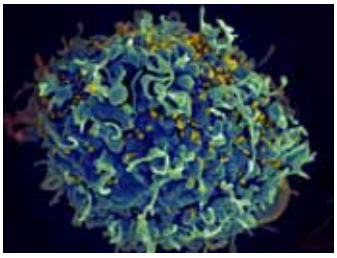
- Patients with melanoma are being treated with a genetically engineered derivative of herpes called T-VEC with more than 16% showing a positive response. This virus attacks the melanoma, multiplying vigorously inside the cancer cells until they burst open, triggering a secondary immune reaction against the tumor. It basically "unmasks" the cancer, waking up the host's immune system to attack the cancer cells.



- When Doctors at the Mayo Clinic gave patients with multiple myeloma a single IV dose of a variation of the measles virus (MV-NIS) their cancer retreated. (The measles vaccine has an affinity for certain types of tumors and treats the multiple myeloma as food, turning the diseased cells into machines to make copies of the virus). Most people have been inoculated with the vaccine, rendering it vulnerable to their immune system. But patients with multiple myeloma often have suppressed immune systems, thus allowing the virus to do its work. In one landmark case, they injected a 50-year old patient suffering from multiple myeloma with enough measles vaccine to inoculate 10 million people! The patient's cancer went into complete remission.

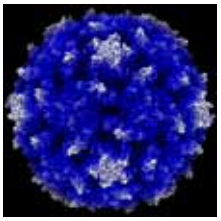


- Researchers at the University of Pennsylvania reported that Doctors using a deactivated HIV virus caused patients with acute lymphoblastic leukemia to go into remission. The process involves removing the genes from the HIV virus that cause the disease and those that make it infectious. Then the patient's T-cells are extracted, reprogramming them with the genetically modified HIV, and then infused back into the patient's body. Normally T-cells don't see cancer cells, but with the genetically modified HIV virus, the T-cells become serial killer cells literally going from one tumor cell to the next to kill them.



- Doctors in Neurosurgery at Maryland have genetically programmed a type of common cold virus (Adenovirus Delta-24-RGD) to attack glioblastoma multiforme. Without treatment, a glioblastoma doubles in size every two to three weeks, so, even though neurosurgeons think they've removed the entire tumor, hidden cancer cells remain seeded in the brain to inevitably grow back. This new treatment involves injecting an altered cold virus through a hole in the skull directly into the patient's tumor. This altered virus (named Delta 24) detects a cancer cell, enters the cell, and begins making copies of itself nonstop. The malignant cell fills with viral particles until it explodes, then burst forth and moves forward to infect other cancer cells, until all tumor cells have burst.

- Doctors at Duke are using a genetically engineered polio virus (PVS-RIPO) to combat brain tumors. Using the genetic code of cold-causing rhinovirus and splicing it into the poliovirus genome removes its disease-causing ability, then by injecting it directly into the tumor; the PVS-RIPO infects and kills the tumor cells.



We've known for a long time that some viruses may cause cancer, like the HPV virus leading to cervical cancer or the Epstein - Barr virus (EBV) which increases the risk of nasopharyngeal cancer or Burkitt lymphoma. But now, due to technological advances in genetic engineering of viruses, we have finally learned how to make viruses work <u>for</u> us instead of <u>against</u> us.

Audit on Breast Primaries: Sex Coded to Male

Dianna Stucky, BS, CTR, Quality Assurance Specialist
North Carolina Central Cancer Registry

The North Carolina Central Cancer Registry (NCCCR) is partially funded by the National Program for Cancer Registries (NPCR) and is governed by its program standards. These standards require that the NCCCR have a comprehensive quality assurance program in place that includes the conducting of re-abstracting and or case-finding audits from an assortment of source documents and/or internal audits within the database.

In July 2015, the NCCCR conducted an internal database quality audit to review the accuracy of the sex field coded to male for Breast Primaries. The NCCCR database had approximately 1,550 breast cases with sex coded to male for diagnosis years 2003 - 2014. After a manual review of all of these cases, it was found that 600 cases were incorrectly coded to male.

38% of the male breast cases in the NCCCR database were misrepresented!

We were able to determine that the sex should have been coded to female based on several factors; including reviewing:

- supporting text of the case in question
- cases from other hospitals for that patient, which documented the sex in the text and in the sex data item as female
- the Social Security Death Index
- the NC voter's registration database
- the patient's first and middle names.

There were a few cases that were questionably female, but there was no supporting documentation or information that could provide enough evidence to change the sex code, so those cases were left coded to male.

Text that validates race AND sex is REQUIRED for all cases.

Since male breast cancer is relatively rare (compared to female breast cancer), you can see where this could skew the statistical findings if there was a 1,550 patient incidence of male breast cancer for this time period. How embarrassing would it be if clinicians and researchers wanted to investigate male breast cancers more closely, only to find out these patients were Mary, Betty, Jane and Sally! Documenting demographics in the text is essential (and required) and is used to validate codes in the abstract for accuracy. It is too easy to accidentally click on "1" instead of "2". Sex/Race text is just as important as the pathology, operative, histology and treatment text fields! This validation enables us to ascertain the best possible data for North Carolina.

2016 Changes in Data Collection and Reporting

Ruth Maranda, LPN, CTR, Quality Assurance Specialist/ETC
North Carolina Central Cancer Registry

Effective with cases diagnosed January 1, 2016 and after, we are no longer required to collect the full Collaborative Stage Data Collection System. Great!

However, many of the data items in the CS data set are still worthy of collection; and therefore, are still required. In addition, several new data items are being introduced and the instructions and valid codes for other data items are being revised.

CS DATA ITEMS WITH CONTINUING REQUIREMENT

The following data items that were part of the CS data set are now required for AJCC staging and research purposes and are required for all cases diagnosed 1/1/2004 and later:

Regional Nodes Positive	Regional Nodes Examined
Lymph-vascular Invasion	CS Site-Specific Factors
CS version Input Original	CS Version Input Current

The FORDS manual still does not repeat instructions from the CS manual and refers the abstractor back to the current CS manual for the valid codes and instructions.

NEW DATA ITEMS EFFECTIVE 1/1/2016

The new data items that are required by the CoC and are introduced in the FORDS: Revised for 2016 and are listed below. Look closely. Are these the same or similar data that was coded in the CS data fields? There are a few changes in the valid codes and coding instructions, but the good news is it is very similar information that we are already used to collecting.
https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/fords%202016.ashx

Tumor Size Summary	Mets at Diagnosis - Distant Lymph Nodes
Mets at Diagnosis – Bone	Mets at Diagnosis – Brain
Mets at Diagnosis – Liver	Mets at Diagnosis – Lung
Mets at Diagnosis – Other	

As with any new data item, the instructions and some of the wording has changed in order to clarify the meaning. Be sure to review the instructions for these new data items very carefully. Do not assume that just because the data has a similar name, that the instructions will be exactly the same. It is important to use your manual when coding these new data items.

IMPLEMENTATION OF NEW AJCC T, N, AND M CATEGORIES

Beginning in 2016, new T, N, and M categories were implemented. These new categories have been generated by adding prefixes of “c” and “p” to existing valid clinical and pathologic T, N, M categories respectively, and modifying, adding and deleting specific categories. New categories enable registrars to comply with AJCC clinical and pathologic staging/classification time frame rules while abstracting. Additional T, N, and M categories will be added and existing categories will be expanded with the implementation of the AJCC 8th Edition Manual.

CLINICAL AND PATHOLOGIC AJCC STAGE REQUIRED

Beginning with cases diagnosed January 1, 2016 both clinical and pathologic AJCC stage will be required. The requirement will be enforced via edits.

DOCUMENTING CLINICAL AND PATHOLOGIC AJCC STAGE

The hospital registrar will be responsible for recording the physician-assigned stage in the registry database. If stage assigned by physician is inconsistent with the documentation in the medical record, the registrar should assign the stage and record the registrar-assigned stage in the registry database. The registrar should verify the case information with the physician, as he or she may have additional information that would aid in the assignment of a stage. However, it is outside the realm of responsibility of the registrar to educate the physician. The registrar should inform the registry physician advisor and refer identified coding issues to the Cancer Committee for quality improvement activities.

If no physician-assigned stage can be found in the medical record, the registrar should assign the stage and record it in the registry database.

REVISION OF TNM STAGED BY DATA ITEMS

Tee length of the TNM Path and Clin Staged by data items has been expanded to 2 digits to accommodate new codes.

Correct Use of Blanks and X, Ambiguous Terminology and Support for AJCC Staging

Excerpt from: Donna M Gress, RHIT, CTR
https://cancerstaging.org/CSE/Registrar/Documents/Explaining%20Blanks%20and%20X%2c%20Ambiguous%20Terminology%20and%20Support%20for%20AJCC%20Staging_updated%20Dec%202015_3%20per%20page.pdf

When to Use Blank:
Blank should be used when there is no information available in the chart, you cannot assign a valid AJCC category or patient not eligible for clinical or pathologic stage, or categories are blank and the stage group is blank or 99.

T, N and M data fields:

- Blank indicates that there is no information in the medical record, you do not know if any assessment was performed, and criteria is not met for this stage classification.
- X indicates not assessed, the T, and N cannot be assessed. X does not apply to M, if patient was examined it can be assigned, and the criteria have been met for this stage classification so each category is valid or X.
- 88 indicates not applicable, not defined by AJCC.

Stage Group data fields:

- Blank indicates no information in medical record or criteria not met for pathologic staging. But CoC does not allow blank for clinical or pathologic staging so 99 must be entered to pass edits.
- 99 indicates unknown. 99 is not something that is defined by AJCC. 99 is required by the CoC to pass edits. 99 indicates T or N are unknown and stage cannot be assigned. Also 99 indicates T, N, or M are not specific enough to assign stage, example: T2 assigned when T2a or T2b is needed to assign stage. CoC mandates non-blank for clinical and pathologic stage group, use 99.
- 88 indicates not applicable. 88 is also not defined by AJCC and is a special code used by the CoC.

Ask this question: Does the case meet the criteria for that stage classification?

- Yes:
    - If the physician could not assess the T and/or N for the patient, and definitive information for T and N is not in the chart, then use TX and/or NX.
    - If the case meets the classification criteria but no information about the diagnostic workup or resection can be obtained, do not use X. This implies the physician did not assess or have information on patient's T and/or N. Use blank to indicate the registrar could not find this information in chart.
- No:
    - Do not use X. This indicates patient met the criteria for that stage classification and is eligible for staging. It implies the physician did not assess or have information on patient's T and/or N. You must use blanks to indicate the patient did not meet classification criteria. X can only be used according to the AJCC definitions. You must use blanks if the AJCC criteria for X is not met.
    - MX does not exist and to assign cM0 only requires the patient to have an H&P. This does not mean registrar must find the H&P on chart. If the physician suspects mets it will be mentioned and the treatment plan will be different.

Ambiguous terminology:

AJCC does NOT define ambiguous terminology or mandate how words should be interpreted. It is a judgment call based on all aspects of patient's care. A few guidelines on how to interpret words for cancer involvement:

- review clinician's statements
- review treatment choices that may indicate the clinician's impression
- review and analyze the entire case, physical exam, medical history of all other diseases, symptoms, imaging, lab tests, diagnostic procedures and all other available information.

Stage classification based on treatment:

- Surgical treatment may be Clinical or Pathologic.
- Systemic and/or Radiation Therapy only is clinical.
- Neoadjuvant therapy may be clinical (yC) if given after systemic/radiation but before surgery.
- Neoadjuvant therapy is pathologic (yP) if given after systemic/radiation and surgery.
- You can NEVER do pathologic staging after neoadjuvant therapy, use yP. Registrars do not have a data field to record yC.

CS rules do not apply to AJCC:

- The underlying principles are similar but detailed rules are not the same.
- AJCC Clinical and Pathologic stage are based on different points in time and specific criteria. It is not exactly the same as CS evaluation codes.
- Guidelines from other sources cannot be used for assigning AJCC stage. Other sources not used for assigning AJCC stage include:
    - MP/H Manual
    - FORDS. Note: You can and should use the FORDS to determine the valid codes to be assigned in the AJCC Stage data items. However, do not use the list of ambiguous terms or any other rules for assigning AJCC TNM.
    - SEER Program Coding Manual
    - SEER Summary Staging Manual
    - Any manual that is NOT the AJCC 7th Edition Cancer Staging Manual, Handbook or Cancer Staging Atlas. Rules are valid only for the publication to which they belong.

2016 Officer Candidate Profile

For President:

Name: Jenean Montgomery Burris, RHIT, CTR
Works for: Wake Forest Baptist Medical Center
Job Title: Oncology Data Analyst
ANCCR/NCRA History:
Member of ANCCR since 2004, member of NCRA since 2006.
Serves as co-chair of the Education Committee for ANCCR. Elected Vice President of ANCCR in 2015, and have been serving as President since late 2015.
Job Experience/Other Professional History/Education/Accolades:
Education: Davidson County Community College, Lexington, NC
AAS in Health Information Technology - 2004.
Employment: 2004-present Oncology Data Analyst - Wake Forest Baptist Medical Center.
2009-present Instructor for the Cancer Information Management Program at Davidson County Community College, teaching Cancer Statistics and Epidemiology in the fall and Oncology Coding and Staging Systems in the spring.

For Vice President:

Name: Kelly A. Lowrance, RHIT, CTR
Works for: Novant Health Presbyterian Medical Center
Job Title: Staff Development Oncology
ANCCR/NCRA History:
Member of ANCCR since 1995, member of NCRA since 1995
ANCCR – Treasurer, 2014-present; Bylaws Committee, 2005-2006
NCRA – Chair-Public Relations Committee, 2004-2005; member, 2002-2004
Job Experience/Other Professional History/Education/Accolades:
Employment: 2009-present Staff Development Oncology – Presbyterian Medical Center
2006-2009 Project Manager/Registrar – Registry Partners, Inc.
1999-2009 Oncology Data Coordinator – Gaston Memorial Hospital
1997-1999 MR/QA Coordinator – NC Department of MH/SA/DD
1995-1997 Cancer Registrar – Carolinas Medical Center
Other: 2005 Outstanding Achievement Award – Gaston Memorial Hospital
1995 BA Health Information Management – Central Piedmont Community College

For Secretary:

Name: Angela Nicole Rodriguez, CTR
Works for: Certicode
Job Title: Facility Coordinator
ANCCR/NCRA History:
Member of ANCCR since 2013, member of NCRA since 2012.
NCRA Membership Chair February 2015-May 2016
Job Experience/Other Professional History/Education/Accolades:
Education: East Carolina University, Greenville, NC
BS in Health Services Management – in progress
Davidson County Community College, Lexington, NC
AAS in Cancer Information Management – May 2013
Forsyth Technical Community College, Winston-Salem, NC
Diploma in Medical Transcription – October 2010
Surry Community College, Dobson, NC
Cetificate in Medical Office Administration – June 2010
Employment: Certicode, December 2013-present; UNC Rex Healthcare, 2013-2015

Other: 2015 Consultant and Reviewer for Cancer Registry Support link: hitnots.com
Awards: 2015 Rex in Excellence Education Scholarship; 2015 NCRA Outstanding New Professional

For Treasurer:

Name: Jennifer Mitchell Mclean, CTR
Works for: Duke Raleigh Hospital
Job Title: Certified Tumor Registrar
ANCCR/NCRA History:
Member of ANCCR since 2012, member of NCRA since 2012, NCRA Ethics Committee 2015
Job Experience/Other Professional History/ Education/Accolades:
2008-2012 Cancer Registry Assistant – Southeastern Regional Medical Center
2012-2015 Abstractor, Cancer Registry – UNC Rex HealthCare
2015-2016 Cancer Registry Coordinator – UNC Rex HealthCare
2012-present Abstractor – Certified Traveling Registrars
2016-present CTR Duke Raleigh
Education: AA Fine Arts – Bladen Community College – 2007
AAS General Science – Bladen Community College – 2008
BS Healthcare Administration – expected 2018
Other: Mentor/CTR students

EDUCATIONAL SCHOLARSHIP
Inez Inman, BS, RHIT, CTR

2016 Education Scholarship Essay Topic:
How Does Education, Networking, and Professional Development Work Together to Create an Exceptional, Well-Rounded CTR Professional?

ANCCR has designated funding for an educational scholarship for an ANCCR member to attend the ANCCR annual educational meeting in September 2016 in Concord.

The purpose of the scholarship is to provide financial assistance to a member who may not otherwise have the opportunity to attend ANCCR's annual meeting. The scholarship covers the full conference registration fee, mileage and hotel for three nights at the conference hotel. ANCCR members wishing to apply for the scholarship must complete an application and submit at least a 500 word essay on the 2016 topic.

Please send the essay with your completed application (see below) to:

Inez Inman, Cancer Registry
Wake Forest Baptist Medical Center
Medical Center Blvd.
Winston-Salem, NC 27157

Deadline is Wednesday, August 31, 2016. The winning essay may be reprinted in The Sentinel following the ANCCR annual educational meeting.

2016 Education Scholarship Essay
"How Does Education, Networking, and Professional Development Work Together to Create an Exceptional, Well-Rounded CTR Professional?"

APPLICATION

Your name:

_____

Your title/department:

_____

Facility's name:

_____

Facility's address:

_____

Phone number:

_____

Email address:

_____

STATEMENT:
I sign this statement in good faith that I would not be able to attend the ANCCR annual educational meeting in Concord without this funding.

Signature:

_____

Your manager, supervisor, director's printed name:

_____

Manager, supervisor, director's signature:

_____

2016 NCRA National Educational Conference, Las Vegas, NV

Jenean hanging out at the Grand Canyon!

Jenean and Shawnetta actually made it to an NCRA session or two!