The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Summer 2021

Message from the President:
Paige Tedder, RHIT, CTR

Happy Summer ANCCR Members,

I hope everyone has had a chance to get away this summer and spend time with family and friends. With Labor Day weekend a few weeks away, we find summer is quickly drawing to a close; which means that fall is fast approaching. Therefore, it is once again time to vote for ANCCR board members. I hope each of you would consider serving on the ANCCR board, if not this year then sometime in the future. It's a wonderful opportunity to network with other registrars in the state, while serving on your state board. Please let Isaiah Zipple (isaiah.zipple@unchealth.unc.edu) know if you would like to nominate a registrar for a position.

Fall also brings the start of the monthly NAACCR webinar series. Again, I would like to thank the NC Central Cancer Registry for generously offering to paying for ANCCR's subscription to this series. These monthly webinars cover a different disease topic each month and are informative and an excellent way to earn CE's. This year, NAACCR has given us an additional ten paid subscriptions to the webinar series. The board has decided to offer these subscriptions to ANCCR members via a raffle. All ANCCR members will be entered into a raffle with ten member names drawn. These members will be offered their own username and password to view the webinar live, not a taped recording. I hope the lucky ten members enjoy their free subscription to these informative webinars. Thanks again to the NC Central Registry and NAACCR for paying/providing these educational sessions.

For the past two years, I have enjoyed the opportunity to serve as President of ANCCR. These years have been a challenging time of rethinking old processes and embracing new virtual-only processes and procedures. My hope is that in the future, this association will find ways to still offer our annual in-person state meeting but also offer virtual options as well. I would like to thank all the board members who have served with me for the past two years. I have enjoyed working with each of you.

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
Committee	**Name**	**Email**
Bylaws	Adaline Brown, RHIT, CCS, CTR	abrown@q-centrix.com
Education	Kimberly Swing, CTR	kimberly.swing@duke.edu
Educational Scholarship	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
ANCCR Resource Manual	Ruth Maranda, LPN, CTR	ruth.maranda@dhhs.nc.gov
Facebook Administrator	Angela Rodriguez, CTR	angela.rodriguez@mercy.net
Grants & Vendors	Melanie Rogan, CTR	mrogan@mycrstar.com
	Jonathon Rakestraw, BS, CTR	jrakestraw@mycrstar.com
Historian	Deborah Poovey, CTR	dpoovey7@gmail.com
Membership	Jenean Burris, RHIT, CTR	jburris@wakehealth.edu
Nominating	Isaiah Zipple, CTR	isaiah.zipple@unchealth.unc.edu
Program Director	Kelly Lowrance, RHIT, CTR	kalowrance@novanthealth.org
Publications	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
Web Site Coordinator	Cathy Rimmer, BA, MDiv, CTR	ccrimmer@novanthealth.org
Ways & Means	Kisha Raynor, CTR	kisha.raynor@carolinashealthcare.org
	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
2022 - April 6-9, Washington, DC

TREASURER REPORT
Laura Alberti

ANCCR 2021 Second Quarter Treasurer Report

Beginning Balance 04/01/2021:

	Checking	36,996.81
	Money Market	21,612.06
	Total	58,608.87

Deposits:

Membership dues income April to June	75.00
Bank Interest Earned (Money Market)	1.62
Total	76.62

Expenses:

NCRA 2021 Annual Conference	15,402.00
Bank Statement Charges	45.00
Total	15,447.00

Ending Balance 06/30/2021:

	Checking	21,624.81
	Money Market	21,613.68
	Total	43,238.49

MEMBERSHIP
Jenean Burris, RHIT, CTR

As of 7/19/21, ANCCR has 160 ANCCR members!

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WEBSITE REPORT
Cathy Rimmer, BA, CTR

The ANCCR Website has posted an announcement that there will be no Fall Meeting in 2021.
We continue to post jobs for NC hospitals for free. Vendors and Outsource companies must pay $50 to post a job.
Paige Tedder is loading the monthly NAACCR webinars in the Members Only section.
New Members must be verified before gaining access to the Members Only section.

NOMINATING COMMITTEE
Isaiah Zipple, CTR

ANCCR is searching for volunteers. Please consider nominating yourself or another member for one of the following positions:
President
Vice President
Secretary
Treasurer

Get involved, grow in your profession, show your skills, and have fun at the same time!

Contact Isaiah Zipple at isaiah.zipple@unchealth.unc.edu

ANCCR needs you!

A4C Liaison
Kathleen Foote, CTR

A4C Business Meeting met virtually on Friday, May 21, 2021

NC Colorectal Cancer Roundtable Update
Congress discussing bill promoted by NC Gastroenterology that combines positive FIT or stool test with colonoscopy as single item. It may take approx. 1 yr for CMS to review/approve. Expect this will increase screening rates especially for those uninsured. The group is working to put together regional endoscopy centers to assist w/those Positive FIT tests. This expected to improve overall access to colon cancer screening.

Subcommittee Reports
Legislation:
New: Senator Julie Mayfield introduced re: radon induced lung cancer
https://www.ncleg.gov/BillLookUp/2021/S696

House Bill 524 Oral Chemo Tx access during pandemic was sent to Rules Committee on Senate side
This will act to require coverage for orally administered Chemo drugs during emergency. The group has worked with ACS, ACS CAN to get oral CTx Tx passed for 8 yrs but has been unsuccessful. The opportunity arose due to large number of people who could not get treatment due to loss insurance or $$.

House Bill 703 Breast Ca Diagnostic Imaging Parody
Addresses breast & cervical cancer coverage and repeals old bills out of date. The bill modifies to be more accurate providing coverage for screening & dx imaging now including MRI and US, cost sharing requirements, dx exam, and low dose MMG.

Tobacco use & Risk factors - 2 bills introduced looking at prevention including e-cig.
House Bill 567 2021 Use INDAC
Senate Bill 503

Prevention:
Behavioral Risk Factor group – adopted NC Cancer Plan strategies focused on obesity & healthy life style initiatives; included in curriculum; adopted My Health Action Plan

Lung Ca Work Grp – Released Lung Cancer Tool kit, designed for all members of care team.

Radon Reduction (Phillip Gibson) – ongoing training for real estate agents; 5 courses scheduled for 2022

Phil Gibson- Legislative committee: We need help getting the NC Building Code Council to adopt the ANSI/AARST radon mitigation standards. Without them, affordable housing builders in Raleigh will not be able to move forward with installing radon mitigation systems in 40 new affordable homes being built in Raleigh. Here is a video on why we need these statewide standards: https://youtu.be/ygPmtATnK7c

Introduced Legislation: This was introduced by Senator Julie Mayfield re: radon induced lung cancer https://www.ncleg.gov/BillLookUp/2021/S696

Note that I will be presenting to the NC Building Code Council on June 7 and 8 requesting radon mitigation standards be included in the NC Building Code Council

Early Detection
Promote screenings; educate PCPs in community; health equity; focus on colorectal ca; promote tool kit. Next focus on updating lung materials.

A4C Leadership Charge
- Focus on identifying and addressing health care disparities to mitigate and achieve health equity.
- COVID demonstrated how sever & broad disparities are.
- Implicit bias/racism inside our HC systems; 1964 AA MDs not given privileges to see pts in hospitals; AMA did not make is easy for AA MDs to become member until 1964;
- Institutional – HC access; structural & societal barriers to getting access to quality care in timely fashion
- Neighborhood – living unsafe environment; lack exercise; diet; overall stress levels experienced over a lifetime https://www.ama-assn.org/about/ama-history/history-african-americans-and-organized-medicine
- Community Based Organizations will often provide services for the social determinants of health which is reducing disparities 'upstream' rather than the disparities seen as health outcomes or 'downstream' https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots
- Transportation was and is the #1 barrier to health care & quality cancer care. Environmental factors – private wells for water source; lack funding/knowledge re: radon exposure;

NC Cancer Branch – State Resource Hub to serve & equip communities
https://publichealth.nc.gov/cccp/

Care & Treatment Subcommittee met virtually on Friday, May 21, 2021

Evaluation: Forward Thinking
Presented and discussed, how the Care and Treatment Subcommittee's efforts fit into the measure that states, "Expand rural cancer center partnerships – At least 50% of rural cancer centers are equipped with knowledge of community programs for prevention services and have established effective referral partnerships for services."

Rural Health – discussed access to palliative care, efforts to review and strengthen, work group was organized.

Community Cancer Networks

The Northeastern Regional Community Cancer Network will convene on Friday, June 4, 2021, from 9:30 AM – 11:30 AM.

The NC Western Regional Community Cancer Network will convene on Friday, June 18, 2021, from 9:30 AM – 11:30 AM.

Larissa Williams at Larissa.Williams@dhhs.nc.gov is organizing these networks.

Next A4C Meeting Friday, August 6, 2021

Development of an Actionable Framewo

07 All Snapshots_ ACCCC Subcommitte

June News Flash.pdf

Office of Rural Health Sites & Canc

05 Cardiovascular Outcomes in Cancer

06 NCCancer_ACC_Post

08 NC ACCCC Resource Hub Meml

03 AACR Disparities Minorty Report. 091

EDUCATION REPORT
Kimberly Swing, CTR

Educational Opportunities:

NCRA Center for Cancer Registry Education - http://www.cancerregistryeducation.org/
Access to high-quality educational programming to support both seasoned professionals and those new to the field, included are programs related to AJCC 8th Edition. Most are fee based.

NCRA Registry Resources - http://www.cancerregistryeducation.org/rr
A series of informational abstracts and presentations that show registrars how to use these important resources, these site-specific abstracts provide an outline to follow when determining what text to include. FREE

SEER Educate - https://educate.fredhutch.org/LandingPage.aspx
Improve technical skills through applied testing on the latest coding guidelines and concepts. Complete practice abstracts and earn up to 20 CE credits per cycle. FREE, Casefinding and Grade exercises are now available as well. * New Case finding exercises available!

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/ check out Tumor Tips at Insights: Registry - himagine Solutions

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-and NCI Cancer Types
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- 08/18/21, 10/13/21, 12/15/21

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:

8/5/21 Breast
9/2/21 Coding Pitfalls
10/07/21 Uterus
11/04/21 Bladder
12/02/21 Treatment
1/06/22 Lungs
2/3/22 Data Item Relationships
3/3/22 Abstracting and Coding Boot Camp
4/4/22 Hematopoietic and Lymphocytic Neoplasms
5/5/22 Colon
6/2/22 Central Nervous System
7/7/22 Back to The Future: What year is it and What did I miss?
8/4/22 Solid Tumor Rules
9/1/22 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
*SEER 2020 updated case finding list- https://seer.cancer.gov/tools/casefinding/
*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, also see ask the pathologist Cancer Forum
*Hematopoietic and Lymphoid Neoplasm Database-
https://seer.cancer.gov/seertools/hemelymph/
*Solid Tumor Rules- https://seer.cancer.gov/tools/solidtumor/
*NAACCR- Site specific data items (SSDI/GRADE)- https://apps.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 Paperback version of Cervix Uteri Protocol (version 9) is now available for purchase on Amazon for $9.99 Amazon.com: AJCC Cancer Staging System: Cervix Uteri (Version 9 of the AJCC Cancer Staging System) eBook: Olawaiye, Alexander B., Mutch, David G., Bhosale, Priya, Gress, Donna M., Vandenberg, Jana, Rous, Brian A. , Hagemann, Ian, Otis, Christopher , Sullivan, Daniel C., Washington, Mary Kay: Kindle Store

*Informational Abstracts- http://www.cancerregistryeducation.org/rr
*NCI Cancer Types- https://www.cancer.gov/types
* RQRS User Guide- https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/rqrs_userguide.ashx
*CTR Guide to Coding XRT- 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

FDA Approval of KRAS Inhibitor Sotorasib for Lung Cancer Hailed as Milestone
Sotorasib is First KRAS Inhibitor Approved by FDA - National Cancer Institute

JNCCN Study Recommends Improvements for Cancer Care at Network Sites
NewsDetails (nccn.org)

How to clear new edits on 2021 cases: Thanks, Himagine Solutions and Cancer Forum!

Mets at diagnosis edit- lymphoma cases: Mets at DX-Distant LN- code 8
Tumor Tip of the Week - Mets at Diagnosis - himagine Solutions

Lymph node biopsy, with no surgery edit: Delete the date: Date of First Surgical Procedure - CAnswer Forum (facs.org)

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

Greetings from the NC CCR and RCA staff! In this time of chronic Zoom meetings, we thought this "group photo" from one of our virtual staff meetings would be fun to share. We hope you, too, are finding creative and fun ways to stay connected while working remotely!

The NC CCR has been designated a
CDC-NPCR REGISTRY OF DISTINCTION
for its Submission of Data in November 2020!

The NC CCR has received the HIGHEST recognition awarded from the CDC National Program of Cancer Registries for meeting the standards for Data Completeness and Quality since the awards program began in 2010 (with 2007 data). The NC CCR has been a Registry of Excellence (8 years) or a Registry of Distinction (4 years) for **12** years.

Note: For the 4 years designated as Registry of Distinction, the NC CCR met the requirements for the Registry of Excellence recognition, but this designation was suspended due to delayed implementation of Collaborative Stage in 2010/2011, v18 in 2018 and COVID in 2020.

Meeting these standards means that our data will be included in the *United States Cancer Statistics* (USCS) report and other analytic data sets. This also means that the residents of NC will benefit from research and studies conducted using this data.

NAACCR GOLD CERTIFICATION 13 YEARS IN A ROW!

The NC CCR has been awarded GOLD CERTIFICATION by NAACCR for its 2018 data! Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. NAACCR began the certification program in 1999 (with 1996 data) and the NC CCR has been awarded Gold (16 years) or Silver (6 years) certification since 2000 (1997 data) and has received GOLD certification for the past **13** years in a row!

NAACCR FITNESS FOR USE RECOGNITION

The NC CCR was again awarded this recognition in 2021. NAACCR implemented the Fitness for Use for Survival & Prevalence Recognition in 2020 for registries that met the inclusion requirements for the *CiNA Survival* and *CiNA Prevalence* Volumes of the CiNA Monograph and the related *CiNA Survival* research dataset. The 2021 Recognition was for 2008-2017 data. The NC CCR met these criteria through its linkages with the National Death Index and the Social Security Death Index and the NC Death File to obtain vital status and cause of death data.

Thank You!
Amidst the COVID pandemic, the NC CCR not only met all submission requirements but also exceeded the national data quality standards. Thanks to everyone for your continued efforts to ensure that we submit high quality, complete & timely data.

COVID-19 Reminder of Requirements (no changes)

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 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.

Data Linkage to COVID Test Results
The NC CCR linked its 1990-2019 cases to COVID-19 positive cases in September 2020. These were positive results for tests performed in NC from March 2020-September 2020. You may have heard Lisa C. Richardson, MD, MPH, Director of CDC's Division of Cancer Prevention and Control, recognize NC and this linkage in her presentation at the 2021 NCRA Annual Meeting. Check out this article on the CDC website that talks about this linkage:
https://blogs.cdc.gov/cancer/2021/07/12/state-cancer-registries-study-covid-19-in-patients-and-survivors/

Here are a few highlights:
* 1,517,191 NC CCR cases linked
* 142,575/1,413,189 distinct test cases
* 5,496 cancer cases linked to COVID-19 positive test results
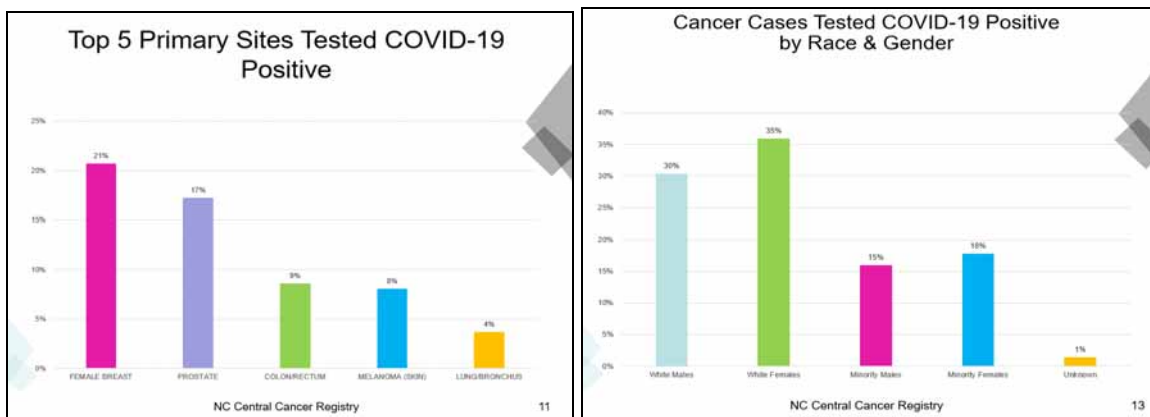
The NC CCR will be doing another linkage later this fall and will add 2020 cases to the linkage. We will also be linking with the state death file to confirm cases where COVID was the Cause of Death. We are also working on a way to incorporate text from abstracts submitted to the NC CCR into the NCDB SARSCov2 data items. Stay tuned for more information!

Conversion to Version 21
The NC CCR converted to NAACCR version 21 in June. All files submitted in v21 prior to June that were being held have been loaded into our database. Overall, it was a successful transition. A few file formatting issues were identified and those have been communicated with the vendor.

If you have not converted to Version 21, you should continue submitting pre-2021 cases in v18 format. We will continue to accept and convert those files to v21 on our end until you are able to convert your software.

NCv21B edit metafile – known issue with 2021 cervix cases:
An edit issue has been identified with an edit related to 2021 Cervix (C53) cases. For Cervix (C53) primaries with a 2021 diagnosis date, you may encounter the following edit when running NCv21B edits before uploading cases to the Central Cancer Registry:

```
EDIT Name: TNM Edition Number, Date of Diagnosis, CoC Flag (NPCR)

    Message: TNM Edition Number must = 00, 08, or 88

        TNM Edition Number: 09

        Date of Diagnosis: 20210105

        CoC Accredited Flag: 1
```

The edit is currently not allowing the TNM Edition Number value of 09. NAACCR is aware of the issue and the correction to this edit will be released in the v22 NAACCR edits metafile.

Until the v22 edit metafile is available, we ask that all hospitals ignore this edit error. The code of 09 is correct for 2021 Cervix cases. And once we get the updated edit metafile, the edit error will go away. Do not change the TNM Edition Number to 08 or modify the CoC Accredited Flag field in an attempt to clear the edit. We will accept files with this particular edit error until the v22 edit metafile can be distributed.

We would like to thank NC registrars for taking the time to contact their CCR Staff Representative when they have encountered these unusual edits errors. We rely on your feedback to help us review the validity and compatibility of edits we include in new version releases of our state-specific edit metafiles. The NC CCR does not create these edits but it does allow us to communicate possible issues with NAACCR for their investigation and resolution.

Completeness for 2020 data

The NC CCR is currently at 65% completeness for 2020 data. Our target for this time of year is to be at 75% completeness. This is a deficiency of approximately 9000 cases! With the COVID pandemic, we understand that some facilities were delayed due to restrictions. And it is difficult to ascertain at this point just how much the 2020 case count will drop due to delays and restrictions in accessing care. As a result, we are asking facilities to make a final push to get all remaining 2020 cases completed and submitted by October 1. In addition, we would like to encourage each facility to do their own assessment of any case count decreases for 2020 and to work closely with your CCR Staff Representative so that we can understand the differences between backlog and true decreased caseload.
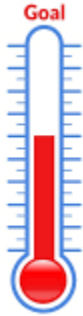
Ruth Maranda CTR
NC CCR Education and Training Coordinator

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

New Textbook:
NCRA has released the new fourth edition of *Cancer Registry Management Principles and Practice for Hospitals and Central Registries* which is the premier textbook and desk reference for the cancer registry profession. It has been revised by a volunteer team of cancer registry professionals who represent various organizations and entities from the cancer surveillance community in North America in a new, definitive update. The fourth edition is available for purchase in the **_NCRA store_**. NCRA members may purchase at a discounted price.

Manual Updates:

ICD-O 3.2: The PDF format has been delayed. Continue to use the current online ICD-O 3.2 format:
http://www.iacr.com.fr/index.php?Itemid=577

Solid Tumor Manual, December 2020: https://seer.cancer.gov/tools/solidtumor/

Hematopoietic and Lymphoid Neoplasm Coding Manual, September 2020: https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf

Helpful Abstracting Reference:
Ciox also had a giveaway at the NCRA Conference, called the STORE/SEER Manual COVID-19 Updates + STORE Manual SSDI Updates, which outlines the latest changes to the COVID-19 and SSDI data items: https://www.cioxhealth.com/wp-content/uploads/2021/05/Reference-Guide-2021-STORE-SEER-COVID-19-Updates-STORE-Manual-SSDI-Final.pdf. There is also a webinar associated with this: **Managing the 2021 Standards for Oncology Registry Entry (STORE) Changes**. This is reference material only. Always use your manuals.

SEER EDUCATE's Summer Release - "The Mash-Up"
Provides exercises on the diagnosis year 2021 changes to EOD, Summary Stage, Grade, and SSDI for Breast, Prostate and Colon. Case scenarios include a "mash-up" coding form to cover those coding systems.

Audit of the Middle Name Data Item
Dianna Stucky, CTR
NC Central Cancer Registry

Effective with the STORE v21, the data items that were not collected by the NCDB were removed from the STORE which included most patient identifiers. However, these are still critical to data management within the registry and are STILL REQUIRED by the NC CCR. NC facilities are still required to meet the requirements specified in the NC CCR's Cancer Collection and Reporting Manual (CCARM). https://schs.dph.ncdhhs.gov/units/ccr/reporting.htm

One particular data item I wanted to call attention to is Middle Name/Middle Initial. Did you know that Middle Name should be left BLANK if you have exhausted all available resources and are not able to obtain the patient's middle name or the middle initial? Per the CCARM (page 72 in the CCARM 2021):

Instructions for Coding Middle Name
- Truncate name if more than 40 letters long.
- Blanks spaces, hyphens and apostrophes are allowed. Do not use other punctuation.
- Record the middle initial if the full middle name is not known.
- Leave blank if the patient's middle name/initial is unknown or patient has no middle name.
- This field may be updated if the name changes.

We ran a report in our database on Middle Name and found over 1,500 cases (2015-2021dx) where the Middle Name data field contained invalid text of:
- Unknown
- NMN
- Not Documented

While this invalid text does not cause any sort of edit error, it does affect our ability to match patients to other incoming records as our software utilizes patient matching algorithms to identify possible patient matches. Without that reference to the CCARM, the instructions to leave the field blank if the middle name/initial cannot be obtained may not obvious! I hope our somewhat minor findings helps you with your future abstracting and coding of this MAJOR important data field!

Frederick L. Greene, MD FACS
Levine Cancer Institute

"Never Too Late"

My reverence for cancer registrars and appreciation for the role of cancer registries began well before I assumed the role as Medical Director of Cancer Data Services at the Levine Cancer Institute seven years ago; well before I began my involvement with the *AJCC Cancer Staging Manual* twenty-five years ago; well before I began my association with the Commission on Cancer thirty-five years ago! My infatuation with all aspects of cancer registries and the dedicated professionals who oversee them began when I was a medical student and a neophyte surgeon in training. One of the first journal articles that I ever published used registry data to review the advances made in the treatment of Wilm's Tumor in the pediatric population. This was in 1969! I was also fortunate to work with cancer registrars and the Connecticut State Cancer Registry as a young surgical resident and American Cancer Society Fellow at Yale in 1972.

My point in relating this ancient history is that opportunities for young physicians to work with registrars and registries can lead to a lifelong understanding and appreciation for what you and your colleagues do on a daily basis. As I relate frequently to physician groups regarding cancer staging, the TNM system is our "language of cancer" and when do we learn a language the easiest? When we are young! Similarly, the time to acquaint physicians with cancer registries is during medical school, residency and fellowship experiences. This is a mission that has given me an immense amount of joy during my academic surgical career. This is a message that I have also attempted to relate to physician audiences over the years.

Although many clinicians dedicated to cancer care may not have had an opportunity for association with cancer registries early in their careers, all is not lost. At the Levine Cancer Institute in Charlotte, we have developed a strategy of inviting clinicians to give a presentation at the monthly meetings of our entire registry staff. The purpose of this exercise, ostensibly, is to provide education for our registrars covering all disciplines of cancer care. The hidden agenda, however, is to educate these clinicians as to the information that is contained in the cancer abstract and the vast amount of important material that is available to them in their particular specialty. The overarching goal is that these individual physicians then become disciples and carry this information back to their particular specialty sections.

There are so many opportunities for physicians to become involved in registry activities at every level of their careers. Whether you and your registry are housed in an academic training institution or a community hospital, remember that it is never too late to introduce clinicians to the incredible world of the cancer registry.