The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Winter 2021

Message from the President:
Paige Tedder, RHIT, CTR

Hello Everyone,
Happy New Year! I hope everyone had a great holiday season. With the start of the new year, planning has begun for the state and national association meetings. Due to COVID restrictions, ANCCR has made the decision to not host our own state meeting again this year. In its place the board suggests ANCCR members attend the NCRA conference to be held virtually June 3-5 for educational CE's. I found last year's virtual meeting to be an excellent value for the cost and I expect this year to be the same. NCRA is offering a discount group rate to state registry associations with additional benefits. Participating state associations will have an extended early-bird registration cut-off of April 1, 2021 and will receive $25 for each registrant in the group. Because we expect greater than 20 registrants for our association, our NCRA member fee would be a discounted rate of $221 vs the regular $260. If you are not a NCRA member, the discounted rate will be $306. You must be a member of ANCCR to receive this discount. In addition to the discounted rate, NCRA will send ANCCR $25 for every member registered for the meeting. All members interested in receiving the discounted rate will need to submit the form at the bottom of this page and submit payment to Laura Alberti at the address below. Payments should be made to ANCCR. Laura will then submit all registrants to NCRA for the group rate. I think that this is a fantastic way for ANCCR to earn some money back that we lose in not hosting our own meeting. Additionally, it helps to give our members a discounted rate that's more affordable. I hope everyone takes advantage of this great rate. I hope that everyone stays healthy and safe!

To Attend NCRA Virtual Educational Conference June 3-5, 2021:
Make Checks Payable to: ANCCR
Mail to: Laura Alberti
5240 Vineleaf Ct.
Clemmons, NC 27012
Complete form and mail by March 22:

NCRA 2021 Virtual Education Conference Registration Form

IMPORTANT: COMPLETE ALL INFORMATION INCLUDING MEMBERSHIP STATUS (Y or N)

First Name	Last Name	NCRA Member Y/N	NCRA Member #	Member email	Price NCRA $221 Member $306 Non-Member

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	
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
	Allison Shelor, CTR	allison.shelor@unchealth.unc.edu
Historian	Deborah Poovey, CTR	dpoovey7@gmail.com
Membership	Jenean Burris, RHIT, CTR	jburris@wakehealth.edu
Nominating	Isaiah Zipple, CTR	isaiah.zipple@unchealth.unc.edu
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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

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

TREASURER REPORT
Christine Smith, CTR

ANCCR 2020 Third Quarter Treasurer Report
Beginning Balance 07/01/2020:

	Checking	18,394.33
	Money Market	21,607.21
	Total	40,001.54

Deposits:

	July	1,402.93
	August	100.00
	September	0.00
Membership dues income July-Sept		0.00
	Total	1,502.93

Expenses:

Bank Statement Charges	
August: Paypal Chargeback fee for refunds	35.00
Total	35.00

Ending Balance 09/30/2020:

	Checking	19,862.26
	Money Market	21,608.84
	Total	41,471.10

WEB SITE REPORT
Cathy Rimmer, BA, CTR

NAACCR Webinars are added to the member's only section when files become available.

The Web Host cross checks paid membership list to allow only paid members access to the Members only section. Unless you have paid your ANCCR annual membership fee, you do not access to the Members only section. When members change their email, the member must update their account on the Members only section and keep a record of their password.

Most common questions under Contact Us:
- Becoming a CTR
- Questions about dues
- How to login to Member Only

A link to the NCRA website will be added to help those that are inquiring about a career change.
A button will be added: Becoming a CTR.

MEMBERSHIP
Jenean Burris, RHIT, CTR

There were 86 ANCCR members as of 1/19/2020 with many checks pouring in daily.
It's time to send in your ANCCR membership dues! Please send the membership application and a check or money order for $25.00 to:

Jenean Burris
2197 Fisher Ferry St
Thomasville, NC 27360

Membership application found on ANCCR's website at:
https://www.ncregistrars.com/content/membership-application

A4C Liaison
Kathleen Foote, CTR

A4C General Session met virtually on Friday, November 20, 2020
Dr. Steve Patierno, Deputy Director DCN and Dr. Karen Whitfield, WFBMC have been appointed co-chairs of A4C.
North Carolina Comprehensive Cancer Control Action Plan 2020-2025
Mission – guides work over next years; reduce cancer morbidity & mortality.
Plan Vision – Reduce the cancer burden in North Carolina.
Priority Goals

1. Reduce cancer risks.
2. Increase cancer screening and early cancer detection.
3. Improve access to cancer care, enhanced care coordination and quality treatment.
4. Improve the knowledge and understanding of cancer, cancer care and relationship between cancer and other chronic diseases among health-care professionals and the general public.

Partnership Networks

- NC Advisory Committee on Cancer Coordination and Control
- NC DHHS Office of Communications
- Comprehensive Cancer Control Program, NC Caner Prevention and Control Branch
- American Cancer Society and other partners across NC
- Central Cancer Registry, NC State Center for Health Statistics
- Subcommittees (Prevention, Early Detection, Care & Treatment and Legislative)

Priority Cancers –focus on highest incidence & mortality rates – lung, breast, colorectal, prostate, melanoma, cervical; reduce cancer incidence and mortality rates.

Call to Action

Call to Action: Doing Your Part

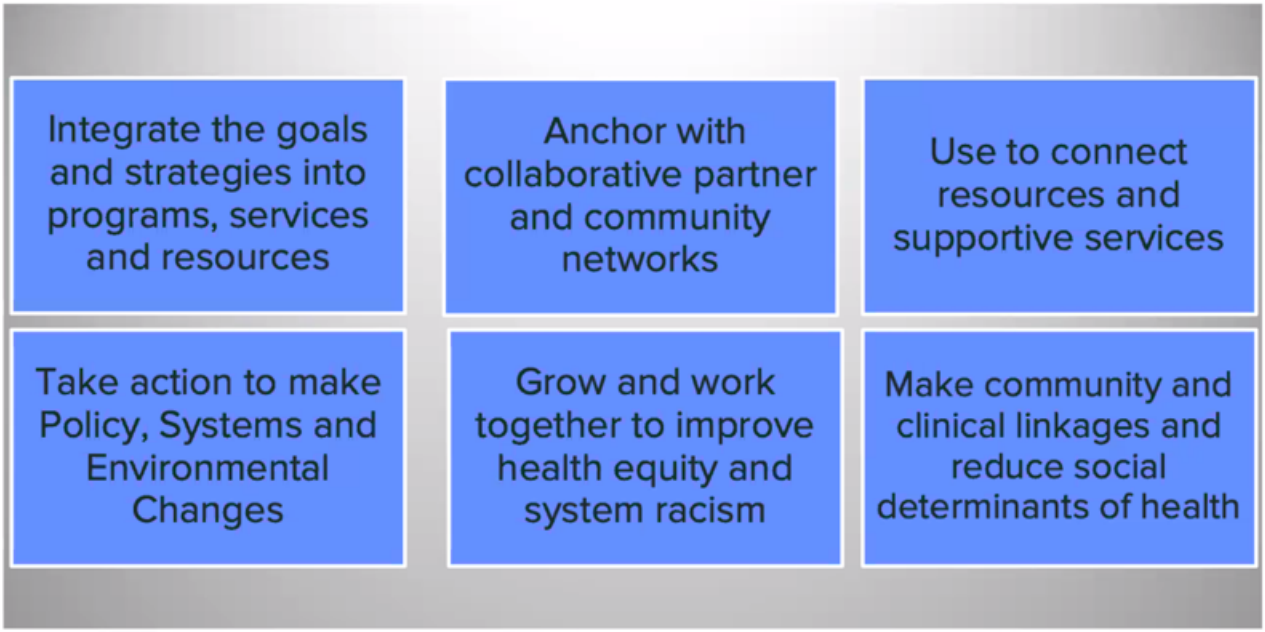
YOU are vital in the fight against cancer whether you are a cancer survivor, caregiver, policymaker, employer, school staff or student, community leader or public health or healthcare professional. Your contribution and participation are vital in the fight against cancer.

COMMUNITY PARTNERS NETWORK

PREVENTION	EARLY DETECTION	CARE/SURVIVORSHIP	POLICY/SYSTEMS CHANGE

PARTNER NETWORKS
• Partner with traditional and non-traditional partners within communities to connect resources and services to encourage healthy behaviors and address community barriers and needs.
• Start and/or support cancer prevention activities such as:
  • tobacco cessation programs,
  • physical activity opportunities,
  • sun-safety promotions, and
  • ways to avoid environmental risks.
	PARTNER NETWORKS
	• Promote system and funding changes that will increase access to cancer screenings, medications and care.
	• Partner with traditional and non-traditional community partners to sponsor health screening events.
		PARTNER NETWORKS
		• Promote community health worker services.
		• Provide community services like support groups and counseling
		• Set up programs to help individual cancer survivors, e.g., provide transportation to treatment, meals, respite care for care givers, childcare, etc.
		• Support legislation that funds cancer treatment, research and palliative care.
			PARTNER NETWORKS
			• Encourage local government agencies to develop healthy living programs and clean air policies.
			• Establish programs to provide cancer prevention, education, screening/ follow-up and patient support.
			• Educate legislators/ policymakers about the need for cancer prevention, screening, treatment and research.

A Call to Action ... Adopt the NC Cancer Plan 2020-2025



Care & Treatment Subcommittee met virtually on Friday, November 20, 2020

Vision – Create a North Carolina where state of the art cancer care is accessible, equitable and supported life- long through a coalition between patients, providers, caregivers, community services and state/local government.

Priority Areas – Cancer Care; Cancer Survivorship; Patient Navigation; Achieving Health Equity.

Intervention/Strategy Activities –

- Patient-centered Cancer Care Education & Promotion
- Plan & conduct training on "Role of Primary Care and Family Practice Doctors in Oncology and Patient-centered care" for providers in rural parts of the state.
- Explore ways of getting Onco-Primary Care message to providers across the state.
- Publish information quarterly on educational webinars, national cancer organization links and cancer care resources; patient navigation; survivorship educational opportunities.
- Support & promote annual Cancer Survivorship Summit.

Download *2025 Cancer Plan Goals and Strategic Actions*

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: Before March 1, 2021: $260, After March 1, 2021: $360, Non-Member Rates: Before March 1, 2021: $360, After March 1, 2021: $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!

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- 02/10/21, 04/14/21, 06/09/21, 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:

2/4/21- Lymphoma
3/4/21- Abstract and Coding Boost Camp
4/1/21- Larynx
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
***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**- https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.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-** https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx - Revised Guide to be released 1st quarter of 2021
***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

https://www.dana-farber.org/newsroom/news-releases/2021/scientists-create-on-off-switches-to-control-car-t-cell-activity/

https://newsroom.ucla.edu/releases/mri-underestimates-tumor-size-in-prostate-cancer

https://radiology.ucsf.edu/blog/exploration-psma-pet-possible-theranostic-agent-thyroid-cancer

https://dukecancerinstitute.org/news/homegrown-immunotherapy-trialed-lung-cancer

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REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

CCARM 2021:
The CCARM 2021 is now available and was distributed to the primary contact for each facility on December 10th. It is posted on the CCR website at: https://schs.dph.ncdhhs.gov/units/ccr/reporting.htm.

The two sections to be sure to read are:
- Summary of 2021 Changes
- Differences in Reporting Requirements between the NC CCR and the CoC

It is critical that you use the CCARM for reporting to the NC CCR. Not only are there differences in what is required to be reported between the NC CCR and the CoC, but the STORE 2021 has removed all patient identifier-related data items along with a few other data items that are not submitted to the NCDB. However, these are still critical to data management within the registry. The instructions for collecting these data items are still contained in the CCARM and cases reported to the NC CCR must still meet the data collection requirements specified in the CCARM.

Submission of NC CCR data to NPCR and NAACCR:
The CCR submitted 1995-2019 data to NAACCR & NPCR on November 25th (1 week before the December 1st deadline!) and below are the stats for some key variables used for certification. Despite all the unexpected hurdles and challenges of 2020, everyone's hard work is reflected in the completeness of our 24-month and 12-month data. Thank you for making cancer reporting a priority in addition to your COVID-19 related responsibilities. This past year was unique in so many ways and impacted everyone one way or the other… Thank you!!

Key Variables	Number of Cases	Percent	Grant Requirement
2018 Data (N=66,731)			
Missing County at Dx Analysis	130	0.19%	<=2%
Missing Gender	38	0.06%	<=2%
Missing Age	1	0.00%	<=2%
Missing Race	1,479	2.22%	<=3%
Cases Derived from Death Certificates	481	0.72%	3% or fewer cases
Duplicates	0	0.0%	<-1/1,000
24-month data (2018 Dx Year)	66,731	99%	95%
12-month data (2019 Dx Year)	59,802	90%	90%
1995-2019 Data (N=1,254,555)			
Missing County at Dx Analysis	1,462	0.12%	<=2%
Missing Gender	70	0.01%	<=2%
Missing Age	18	0.00%	<=2%
Missing Race	6578	0.56%	<=3%
Duplicates	0	0.0%	<-1/1,000

2020 Submission						
Dxyr	# Cases	% Increase		Dxyr	# Cases	% Increase
1995	33221			2008	54078	3.12%
1996	32404	-2.46%		2009	56533	4.54%
1997	34098	5.23%		2010	56418	-0.20%
1998	34974	2.57%		2011	57529	1.97%
1999	36651	4.79%		2012	57389	-0.24%
2000	38784	5.82%		2013	59727	4.07%
2001	40113	3.43%		2014	61163	2.40%
2002	40766	1.63%		2015	63838	4.37%
2003	41808	2.56%		2016	65015	1.84%
2004	45623	9.13%		2017	67006	3.06%
2005	48408	6.10%		2018	66731	-0.41%
2006	50036	3.36%		2019	59802	-10.38%
2007	52440	4.80%				

Unknown Race and Text – Physical Exam

An area of concern identified in the submission is the gradual increase of cases with unknown race. For 2018 data, this reached 2.22% of our total cases (highlighted in yellow in the table above). Our grant requirement is to be below 3% so we are getting too close to that mark! Many of these are due to our increased processing of pathology only cases that have not been reported by the facility. But there has also been an increase of unknown race in cases reported from facilities as shown in the table below.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
# of cases	59	78	101	87	127	144	222	194	208	322	349	442	654	1270	1595	1571

Do not underestimate the value of race data! Many research studies and community evaluations depend highly on these demographic specifications. Make sure administration understands the impact unknown race can have on cancer data so they can perhaps take measures to help ensure it is captured in the record. Dig a little deeper to see if race is mentioned in other areas of the record before settling for unknown. Do your own evaluations of the race field to make sure there are not increasing instances of unknown and that it matches what is recorded in the text.

Physical Exam Text MUST INCLUDE Age, Race, Sex.
This should be the first 3 details recorded in this field.

Document in the Text—Physical Exam field (from the CCARM, Race Field):

- The race(s) documented in the medical record.
- Clearly document when the patient is of more than one race.
- If a particular race code was chosen when there are discrepancies, explain the decision.
  Example: The patient is identified as Black in nursing notes and White in a dictated physical exam.
- Specifically state in the text when no race information is available.
- Record Race as 01 when the patient is Hispanic, Latino, Central American or South American (either based on last name or statement in record) *and no further information on race or Indian tribe* other than "Hispanic" or "Latino(a)," is available.
  Example: Sabrina Fitzsimmons is a Latina. Code race as 01 (White).
  Note 1: Do not code 98 or 99 in this situation.
  Note 2: Persons of Spanish or Hispanic origin may be of any race, although persons of Mexican, Central American, South American, Puerto Rican, or Cuban origin are usually White.
  Note 3: If specifically stated to be Native American, Filipino, or another race, assign the appropriate code for that race and document in the text.

Here are some examples of documenting Age, Race and Sex in the Physical Example text field:

63yo WF
48yo BM
57yo Korean female
71yo male. Race reported as Hawaiian and White.
64yo Hispanic male (race is to be coded to 01 unless another race is documented)
83yo male. Race not stated.

COVID-19 Data Items in the STORE 2021 and CCARM 2021

The NC CCR will be requiring that the 4 new COVID-19 data items be collected on all cases abstracted after conversion to v21. We will continue to provide clarification once we can access these data items and see how they work, especially for pre-2021 cases.

- 3943: NCDB--SARSCoV2--Test
- 3944: NCDB--SARSCoV2--Pos
- 3945: NCDB--SARSCoV2--Pos Date
- 3946: NCDB--COVID19--Tx Impact

COVID-19 TEXT IS STILL REQUIRED!

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

The CCR is still relying on **TEXT**, especially for pre-2021 cases. The standard use of the word "COVID-19" in the text will allow us to identify and isolate these cases for further evaluation. Below is the CCR's guidance on how to standardize this documentation in the text.

Lab Text	Date and results of COVID-19 and antibody testing (both positive and negative)
Treatment Text	If treatment is delayed, modified or not given due to COVID-19, 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. What if the patient tests positive for COVID after the case has been submitted to the CCR?
   Answer: For now, just add the information to the text using the above guidelines. Modifying text only will not prompt a correction record so that update will not be sent to the CCR. We are still trying to figure out some of these finer details. Stay tuned for more instructions!

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, 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.

If you have other ideas, please share! You are seeing these cases much sooner than we are, and your feedback is very helpful to us!

Conversion to Version 21

Soon, you will be getting your software upgrade to Version 21. This means we need to lay out a plan for the transition. First and foremost, our goal is to avoid unnecessary disruptions to your normal upload routine as that creates the potential for missed cases. Here is what we would like for you to do:

1. Continue uploading your submission files as usual, regardless of the version. Currently we are accepting both v18 and v21 file formats.
2. As always, make sure your file, regardless of version, passes all edits in the appropriate version of the NC edit metafile. Vendors were sent our NC v21 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. It may be Spring before we are able to convert our central cancer registry database to v21. Any files received in v21 will be held and uploaded after we convert. However, we will be able to run 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 will be able to convert 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.

NPCR Data Quality Evaluation (DQE) Audit

The CCR may be knocking on your door for help, yet again. The NC CCR is slated to participate in a required Data Quality Evaluation Audit in 2021 as part of our NPCR grant requirement. We are required to participate in a DQE audit once every five years and our turn came up this year.

Some audits in the past have been quite involved requiring site visits to review medical records. This audit will NOT REQUIRE SITE VISITS! YAY! The focus will be on the completeness of stage and treatment data. The audit will identify cases that the NC CCR needs to follow back to the reporting facility to confirm and validate incomplete stage and treatment information. This follow back will occur in Spring 2021. So, no site visits! But, your timely response to our requests for more information will be greatly appreciated! This should only be a handful of cases but just a heads up of things coming in the next few months.

Ruth Maranda, LPN, 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 the NAACCR listserv and the American College of Surgeons newsletter, The Brief. You may subscribe to the newsletter at this link: http://multibriefs.com/optin.php?ACSORG. The NAACCR Webinars are also one of the most useful resources for the latest information.

- New and Updated Manuals
  - CCARM 2021: https://schs.dph.ncdhhs.gov/units/ccr/reporting.htm
  - STORE 2021: https://www.facs.org/quality-programs/cancer/ncdb/call-for-data
  - 2020 Standards and Resources: https://www.facs.org/quality-programs/cancer/coc/standards/2020
  - ICD-O3.2: http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577
    - A summary of the main changes
    - Terms that are changing behavior
    - New codes and their terms
    - Deleted codes and their terms
    - Updated table: "Groups of malignant neoplasms considered to be histologically different for the purpose of defining multiple tumors" to be used with ICD-O-3.2 (The rest of the multiple primary rules remain unchanged.)
- Current Casefinding List for 10/1/2020 – 9/30/2021 is posted on the SEER website at: https://seer.cancer.gov/tools/casefinding/
- Solid Tumor Rules Revisions: https://seer.cancer.gov/tools/solidtumor/revisions.html
  Download the Manual, dated December 9, 2020, at: https://seer.cancer.gov/tools/solidtumor/
  - There are changes across all site modules:
    - Priority Order for Using Documentation to Identify Histology: Guidance was clarified regarding coding histology when neoadjuvant therapy is given
    - "Majority; major; predominantly; greater than 50%" removed from equivalent terms and definitions in all sections (module-specific histology sections take precedence)
    - Bullet added to the note in all instances of the "same row rule" for site modules where histology tables contain nested subtypes/variants in column 3:
    - "A NOS histology in column 3 with an indented subtype/variant"
  - And there are Site Specific Module changes:
    - Urinary
    - Colon
    - Head and Neck
    - Malignant and Non-Malignant CNS

        - Breast
        - Lung
    - Cutaneous Melanoma Rules is a new Module:
        - Use the 2021 Solid Tumor Cutaneous Melanoma rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2021 forward. The Solid Tumor Cutaneous Melanoma coding rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules beginning 1/1/2021.
    - NOTE: Use the 2007 General Instructions, "*Other Sites"* for cases diagnosed 2007-2021.

NC Central Cancer Registry Re-coding Audit: Lung Cases with Histology of Malignancy/Cancer, NOS (8000-8010)

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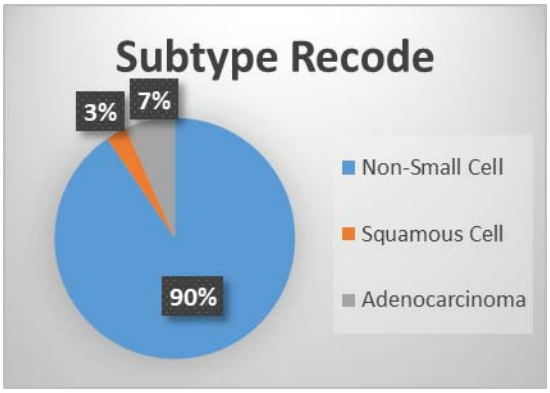
Histology is a key factor in determining whether patients are included in research studies. The CCR runs numerous audits each year looking at key variables, including histology, to provide confidence in the accuracy of the data as well as identify potential quality issues. This audit looked at lung histology and identified a concern with coding 8046 versus 8000/8010.

Non-small cell lung carcinomas of the lung (8046 NSCLC) are not included in the Lung staging schema, Chapter 36, according to the AJCC Staging manual 8th edition (therefore are N/A for TNM staging). Coding histology for lung is challenging, making it even more important that we code exactly what is written in the pathology reports along with following the histology rules in the Solid Tumor Rules.
Purpose: To determine if 8000-8010 (NOS) should be recoded to Non-Small Cell Carcinoma
Criteria: Lung (C34.0-C34.9) cases with a histology code of Malignancy/Carcinoma NOS (8000-8010)
Study Period: Year of Diagnosis 2018-2019

Results:

- 2,535 cases with the above criteria were manually reviewed to compare the text to the histology code
- 203 (8%) of these were recoded based on text documentation
    - 183 (90%) were recoded to Non-Small Cell Carcinoma (8046)
    - 20 (10%) were recoded to a more specific histology
    - This chart shows the recoded subtype ratio
- 123 (5%) cases could not be validated due to insufficient or conflicting text



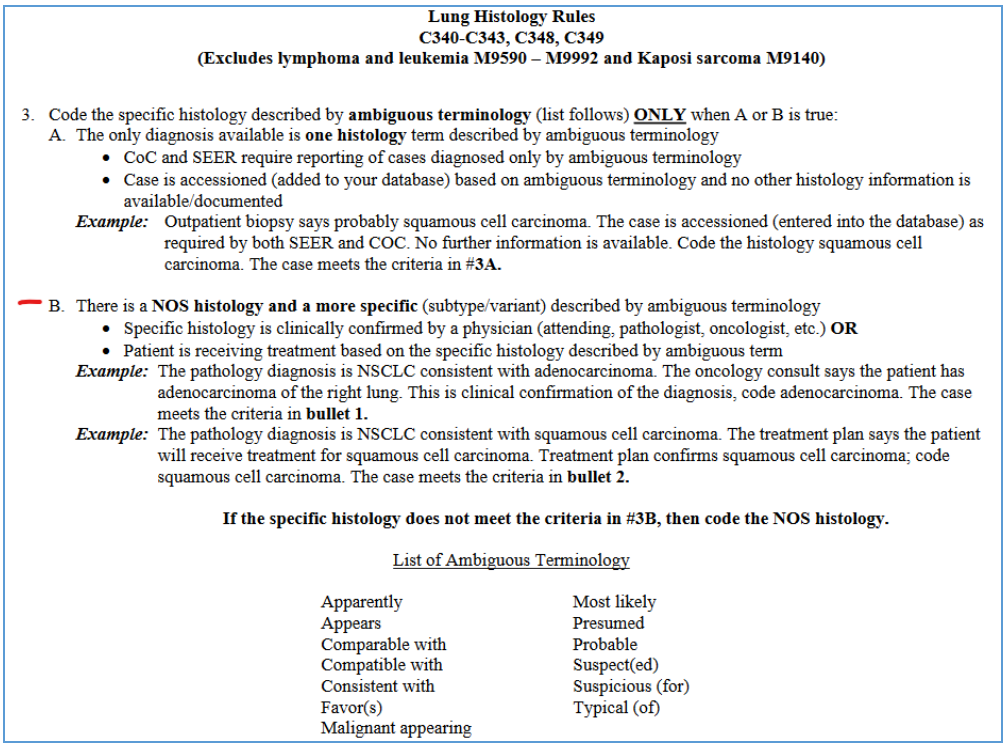
Here is a quick quiz! How would you code the histology for the following scenario?

1/1/2018 Path: CORE BX RUL: NON-SMALL CELL CARCINOMA CONSISTENT WITH SQUAMOUS CELL CARCINOMA

A: Believe it or not, the answer is 8046 (NCSLC)!

Rationale: Although you may be drawn to code 'squamous cell carcinoma' because it is more specific, "consistent with' is considered an ambiguous term. The **STM Rules for Lung, pg.34 (Rule 3B)** states you

cannot use ambiguous terms unless the specific histology is confirmed by the physician or the patient is receiving treatment based on the more specific histology.



Lung Histology Rules
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:
   A. The only diagnosis available is **one histology** term described by ambiguous terminology
      - CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
      - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

      Example: Outpatient biopsy says probably squamous cell carcinoma. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology squamous cell carcinoma. The case meets the criteria in **#3A.**

   B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
      - Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous term

      Example: The pathology diagnosis is NSCLC consistent with adenocarcinoma. The oncology consult says the patient has adenocarcinoma of the right lung. This is clinical confirmation of the diagnosis, code adenocarcinoma. The case meets the criteria in **bullet 1.**

      Example: The pathology diagnosis is NSCLC consistent with squamous cell carcinoma. The treatment plan says the patient will receive treatment for squamous cell carcinoma. Treatment plan confirms squamous cell carcinoma; code squamous cell carcinoma. The case meets the criteria in **bullet 2.**

If the specific histology does not meet the criteria in #3B, then code the NOS histology.

List of Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

If the physician states elsewhere in the record that this is being considered a more specific histology or is being treated based on that more specific histology…

DOCUMENT THAT STATEMENT IN THE TEXT TO JUSTIFY THE HISTOLOGY CODE!
TEXT and extra clarification, especially for cases such as this, is KEY.

Without that clarification of conversations that took place outside of the path report, the link between the histology stated on the path report and what is coded is missing. And, on QC reviews such as this, just documenting "Squamous Cell Carcinoma" in the histology text is not sufficient clarification. This does not allow for us to differentiate between there being additional knowledge from other reports and conversations and not applying the STM rules correctly. As a result, the histology may get changed to 8046 (NSCLC) based on what information IS available - the path report and the STM rules.

Here is an example text to help clarify the histology: While path report states NSCLC c/w SCC, Dr. Smith states the histology as SCC on the D/C summary and all follow-up notes (STM Rule 3B).

Key Points:

- Don't choose 8000/8010 over 8046 just to make the case applicable for staging!! It is very tempting to code NSCLC (8046) as Carcinoma NOS (8010) when there is a physician's statement of TNM staging and you want to capture that stage in the abstract. Making sure the histology is coded correctly takes priority over any other coding. Documentation of the stage in these situations should go in the text.
  - Per SEER Inquiry System #20180112: Do not change a histology code simply to assign TNM to the case. ***AJCC does not determine histology coding***. While pathologists are no longer encouraged to use NSCLC, it does not mean the term and code are obsolete. NSCLC could be any number of histology's such as adenocarcinoma or squamous carcinoma. A diagnosis

of NSCLC indicates the initial exam of the tissue did not identify a more specific type of NSCLC. Additional, immunohistochemical testing is needed to determine the histology. Update the case if better information becomes available from subsequent tests/review.

- This audit was much more in-depth and affected more than just the one histology data field. In this case, changing the histology caused a snow-ball effect in that we had to also make changes to all the TNM data fields as well.
- It is CRITICAL that text accurately reflects our coding and includes clarifications where necessary to explain our coding decision. In our review, we found many instances where the histology code, the path text field, and/or the histology text field were conflicting and overall was insufficient to validate the histology coded. TEXT is KEY!!!!

More Practice Understanding the STM Rules:
Using the STM rules for coding histology can seem complicated for any site! A great resource to practice histology coding is the SEEREducate Coding Drills. https://educate.fredhutch.org/LandingPage.aspx. Go to 'Training' and then 'CTR Prep'. The Coding Drills for DX 2018 Histology's are listed by Site. And there are a lot of them!