

# The Sentinel

*The Newsletter for the Association of North Carolina Cancer Registrars*

Winter 2023

## **Message from the President: Angela Rodriguez, CTR**

To My Fellow ANCCR Members-

Happy New Year! As I enter this new year, I like to think of a word that I can take with me throughout the year and reflect on. For 2023, I chose the word resilience. I believe as CTRS, we are all resilient. We adapt and grow in the face of challenges especially in our work life.

This year, I want to challenge each of you to step out of your comfort zone and make time for a new task. Whether that be you mentor a student, volunteer with NCRA, or want to help us at ANCCR.

We have exciting news! We took to the polls and the feedback from our last state meeting and listened. This year we are going to offer our state meeting in a hybrid setting. I hope to see many of your faces this year!

Mark your calendars for October 23-24, 2023, at the Shell Island Resort in Wrightsville Beach. All rooms are oceanfront condominiums! More information will be posted on our website soon with all the specifics.

We have another great opportunity we want to offer our ANCCR members. We are going to provide an essay topic to be answered and we will choose two winners who can attend the NCRA conference this year in San Diego! We will be giving away one virtual attendance and one in-person meeting option. Please participate in this great opportunity.

Membership dues can now be paid online. Please go to <https://ncregistrars.com> to pay those dues so you have access to the NAACCR webinars, job postings, and any important announcements.

If anyone is interested in volunteering, please let me know. We would love to see fresh faces and have fresh ideas on our committee boards. Please email me if you would like information on any of the committees we have. Also, go ahead and start thinking about next year and if you would like to be a voice on our board at ANCCR.

During my tenure, if you have any questions or concerns, please feel free to email me at [president@anccr.onmicrosoft.com](mailto:president@anccr.onmicrosoft.com).

Angela Rodriguez

### ANCCR's Executive Board 2022-2023

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Treasurer	Laura Alberti, CTR	<a href="mailto:lsalberti@novanthealth.org">lsalberti@novanthealth.org</a>
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Education	Kimberly Swing, CTR	<a href="mailto:kimberly.swing@duke.edu">kimberly.swing@duke.edu</a>
Educational Scholarship	Inez Inman, BS, RHIT, CTR	<a href="mailto:iinman@wakehealth.edu">iinman@wakehealth.edu</a>
ANCCR Resource Manual	Melissa Pearson, CTR	<a href="mailto:melissa.pearson@dhhs.nc.gov">melissa.pearson@dhhs.nc.gov</a>
Facebook Administrator	Angela Rodriguez, CTR	<a href="mailto:angela.rodriquez@adventhealth.com">angela.rodriquez@adventhealth.com</a>
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<b>Liaisons</b>	<b>Name</b>	<b>Email</b>
A4C Liaison	Deanna Gibson, CTR	<a href="mailto:deanna.gibson@mercy.net">deanna.gibson@mercy.net</a>
NCRA Liaison	Angela Rodriguez, CTR	<a href="mailto:angela.rodriquez@adventhealth.com">angela.rodriquez@adventhealth.com</a>
NC CCR Liaison	Melissa Pearson, CTR	<a href="mailto:melissa.pearson@dhhs.nc.gov">melissa.pearson@dhhs.nc.gov</a>
ANCCR Resource Manual	Melissa Pearson, CTR	<a href="mailto:melissa.pearson@dhhs.nc.gov">melissa.pearson@dhhs.nc.gov</a>

## Upcoming Annual Educational Conferences

### ANCCR Educational Fall Meeting / In person & virtual

2023 – October 23-24, Shell Island Resort, 2700 N Lumina Ave.

Wrightsville Beach, NC

Room rates: \$129.99 plus tax, Oct 22-24

Two queens or one king, 1.5 baths, living room, kitchenette,

And ocean front balcony.

Registration fee/in person: \$175 for members, \$200 non-members

Registration fee/virtual: \$75 for members, \$100 non-members

### NCRA Educational Conference

2023 – May 7-10, San Diego, CA

Educational Scholarship Opportunity  
See at end of *The Sentinel*

2024 – Indianapolis, IN

**TREASURER REPORT**  
**Laura Alberti, CTR**

ANCCR 2022 Fourth Quarter Treasurer Report

Beginning Balance 10/01/2022:

Checking :	\$30,426.39
Money Market:	\$21,625.66
Total	\$52,052.05

Deposits:

Bank Interest Earned	\$5.45
2022 Fall Virtual Conference	\$3,500.00
Membership Dues	\$0.00

Expenses:

Bank Statement Charges	\$45.00
Gifts/Prizes for Fall Virtual Conference	\$670.00

Total Deposits Checking	\$3,500.00
Total Deposits Money Market	\$5.45
Total Expenses Checking	\$715.00
Total Expenses Money Market	\$0.00

Ending Balance 12/31/2022:

Checking:	\$33,211.39
Money Market:	\$21,631.11
Total	\$54,842.50

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**MEMBERSHIP**  
**Jenean Burris, RHIT, CTR**



As of 1/10/23, we have 135 members.

It's that time of year! Time to renew your ANCCR Membership for 2023. And guess what....you can do it ONLINE and save your check and stamp! There is a small fee to cover the charges occurred from using PayPal. <https://www.ncregistrars.com/content/online-membership-application-and-payment>

We had a record number of members for 2022 with 154 members from all over the United States!

If you have questions about membership send me an email [jburriss@wakehealth.edu](mailto:jburriss@wakehealth.edu) .

## **WEBSITE REPORT**

**Cathy Rimmer, BA, CTR**

Placed Job Posting ads for Q-Centrix.  
The Executive Board has been updated.

Policies and Procedures

Have gathered all the P&Ps from current/previous board members. Will continue to review and update.

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## **A4C Liaison**

**Deanna Gibson, CTR**

**A4C Subcommittee Workday Meeting met virtually on Friday, November 18, 2022**

### **2020-2025 Cancer Plan Goals and Strategic Actions**

- Goal 1 Reduce cancer risks by supporting health behavior change in North Carolinians.
- Goal 2 Increase cancer screening and early detection of cancer.
- Goal 3 Improve access to cancer care, enhance care coordination and quality treatment.
- Goal 4 Improve the knowledge and understanding of cancer, cancer care and the relationship between cancer and other chronic disease among health-care professional and the general public.

### **Priority Cancer Sites**

Lung, Colorectal, Female Breast, Prostate, Cervical and Melanoma

#### **Purpose:**

The committee recommends to the Secretary of the NC Department of Health and Human Services a plan for the statewide implementation of an interagency comprehensive coordinated cancer control program and identifies and examines the limitations and problems associated with existing laws, regulations, programs and services related to cancer control. The committee also examines financing and access to cancer control services for North Carolina citizens.

### **General Session**

1. A4C new Co-Chair – Dr. Vickie Fowler
2. Annual Report to the Secretary of North Carolina Department of Health and Human Services SFY 2021-2022
  - a. Published September 2022 – Attached
3. Colorectal Cancer Position Statement – The NC Advisory Committee on Cancer Coordination and Control (ACCCC) voted upon and approved the change for colon cancer screening age of an average risk patient be changed from the 2018 recommended age of 50 to 45 years old.
  - a. Attached A4C Colorectal Cancer Position Statement

4. Special Presentation – Gastric Cancer Disparities: Moving Prevention from Epidemiology to the Community and Clinic By. Dr. Meira Epplein
  - a. Dr. Epplein is Co-Leader of Cancer Risk, Detection, and Interception, DCI, Associate Professor of Population Health Sciences and Medicine at Duke University.
5. NC Cancer Registry Report
6. Subcommittee Report Out/Updates

**Prevention – Kearston Ingraham, Ronny Bell**

- Purpose: Provide guidance to impact health behaviors through promotion and education, policies and environmental changes that can reduce North Carolinian's cancer risk
- Updated Subcommittee Snapshot – All subcommittee's updated snapshots are located on the A4C website
- November was Lung Cancer Awareness Month
  - o Lung cancer was the leading cause of cancer deaths in NC in 2020 with 5,019 deaths. It is estimated that 9,247 more North Carolinians will be diagnosed in 2022 with an estimated 5,671 deaths. The rates of new lung cancer cases have decreased since 2000, however our rate is still higher than the national average.
  - o 2022 Lung Cancer Awareness Month Proclamation by Governor Roy Cooper – Attached
  - o [NC Lung Cancer and Rado Resource Toolkit](#)
  - o [Lung Cancer Initiative in conjunction with Early Detection](#)
  - o [Youtube video of physician education seminar that took place on August 23, 2022](#)
  - o January is National Radon Awareness Month – [Banner](#)
    - [NC Radon Program](#)
  - o Eddie's Story regarding lung cancer and Radon – [Youtube Video](#)
    - In Eddie's Story, the winner of EPA's 2008 "Test. Fix. Save a Life." video contest, lung cancer survivor Eddie Metcalfe shares his personal story
  - o CDC: Are You at Risk for Radon? – [Youtube Video](#)

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**Early Detection – Dr. Vickie Fowler & Jenni Danai**

- Purpose: Promote and encourage healthcare teams, communities, and individuals to adopt cancer screenings guidelines and recommendations of the N.C. Advisory Committee on Cancer Coordination and Control; and Increase proportions of North Carolinians screened for cancer
- Updated Subcommittee Snapshot
- [Created resource library within A4C website – “Resource Hub”](#)
  - Ongoing project
- Online Enduring Materials Courses for Colorectal Cancer and Lung Cancer
  - 3 21 minute sessions available online
- Cancer screening saves lives campaign with American Cancer Society
  - Screening Recommendations - Attached
- New Colorectal Cancer Position Action Statement – Provided above along with attachment.

### **Care & Treatment – Dan Carrizosa, Shannon Pointer**

- Purpose: Provide guidance on ways to improve access to care, enhance care coordination and assure quality treatment for all cancer patients and their families
- Updated Subcommittee Snapshot
- Focus at current meeting on increasing the awareness of palliative care services offered through smaller rural hospitals.
  - How to change the stigma?
- [Duke University's Oncologist Dr. Arif Kamal Palliative Care webinar on September 22, 2022](#)
  - Passcode: BASICS22! Via Shannon Pointer. Available until November of this year.
  - 163 National attendees. Purpose: Gain understanding and knowledge regarding Palliative Care

### **Legislation – Steve Patierno and Erica Palmer Smith**

- Purpose: The Legislation and Education Subcommittee is made up of legislators, advisory members, and cancer control partners, who assist in providing guidance and support in obtaining policy/legislation passage and funding for cancer control in North Carolina. The subcommittee reviews all NC State legislation regarding cancer and its risk factors to determine which issues to bring to the full Advisory Committee in the form of proposed recommendations. The subcommittee also serves as a reviewer for the other subcommittees regarding policy, system, and environmental changes.
- Updated Subcommittee Snapshot
- [New Ads Encourage Legislature to Continue to Work Together to Expand Medicaid](#)  
Press Link
  - [Ads Link](#)

### **Evaluation & Data Ad Hoc Group**

- Purpose: Provide guidance and oversight on evaluation of NC Advisory Committee on Cancer Coordination and Control (ACCCC) strategic actions and initiatives; identify and

- provide data to further advance NC ACCCC strategic actions and initiatives; and incorporate a health equity framework into all aspects of data collection and reporting.
- Health Equity: Medicaid Expansion's Impact on Cancer Care in NC meeting December 7<sup>th</sup> – Information will be provided at next A4C meeting



2023 ACCCC Meeting Dates	
<b>Business Meeting</b>	
Friday, May 19 <sup>th</sup> , 2023 – 9:00 AM – 1:30 PM	
Friday, November 17 <sup>th</sup> , 2023 – 9:00 AM – 1:30 PM	
<b>Subcommittee Workdays</b>	
Friday, March 3 <sup>th</sup> , 2023 – 9:30 AM – 1:30 PM	
Friday, August 4 <sup>th</sup> , 2023 – 9:30 AM – 1:30 PM	



ACCC Annual Report to DHHS Sec



ACCC Colorectal Cancer Position Stat



cancer-screenings-s ave-lives.pdf

## 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 8<sup>th</sup> 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

**NCRA's Mini-Learning Shorts**- Great guide for new registrars-  
<http://www.cancerregistryeducation.org/best-practices?>



[fbclid=IwAR1bfhzNf844uTRZKbhelHvK0G2MSBumIIQH0o4K1hYqe46BmnmXPrnIVfY](https://www.cancerregistryeducation.org/introduction-to-the-cancer-registry) 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 Omega Healthcare, formerly Himagine Solutions at [Events & Webinars - Omega Healthcare \(omegahms.com\)](https://www.omegahms.com) Tumor Tips at [News & Blog - Omega Healthcare \(omegahms.com\)](https://www.omegahms.com)

**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> , Free courses: [Courses | American College of Surgeons | Online Learning \(facs.org\)](https://www.facs.org/quality-programs/cancer/events), Registrar's guide to Updating Radiation Data items- [Registrar's Guide to Updating Radiation Data Items | American College of Surgeons | Online Learning \(facs.org\)](https://www.facs.org/quality-programs/cancer/events)

**CAnswer Forum LIVE Webinar:** [CAnswer Forum LIVE | ACS \(facs.org\)](https://www.facs.org/quality-programs/cancer/events) 1 CE hour awarded

**ACoS- Cancer Program Calendar-** [The Latest from Cancer Programs | ACS \(facs.org\)](https://www.facs.org/quality-programs/cancer/events)

### **AJCC:**

View recordings of the live webinars for no charge.

8th Edition Webinars- [AJCC 8th Edition Webinars \(facs.org\)](https://www.facs.org/quality-programs/cancer/events)

AJCC Version 9 Webinar- [AJCC Version 9 Webinars \(facs.org\)](https://www.facs.org/quality-programs/cancer/events)

AJCC Curriculum for Registrars- [AJCC Curriculum for Registrars \(facs.org\)](https://www.facs.org/quality-programs/cancer/events)



<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:**

2/2/23 Data Item Relationships

3/2/23 Boot Camp 2023

4/6/23 Prostate 2023

5/4/23 Lower GI 2023 Part 1

6/1/23 Lower GI 2023 Part 2

7/13/23 IT Worked for Me: In "FUN"matics in the Cancer Registry



8/3/23 Melanoma 2023  
9/7/23 Coding Pitfalls 2023

### **Coding, Staging and Abstracting Resources:**

- \*[Online version of IDC-O-3 - IACR - International Classification of Diseases for Oncology \(ICD-O\), ICD O 3 Coding Updates \(naaccr.org\)](#)
- \*[SEER 2023 updated case finding list- Casefinding Lists - SEER \(cancer.gov\)](#)
- \*[SEER RX- https://seer.cancer.gov/seertools/seerrx/](https://seer.cancer.gov/seertools/seerrx/)
- \*[SEER\\*RSA- https://staging.seer.cancer.gov/](https://staging.seer.cancer.gov/)
- \*[SEER Training- Cancer Registrar Training - SEER Registrars](#)
- \* [EOD General Coding Instructions- Extent of Disease \(EOD\) 2018 General Instructions \(cancer.gov\)](#)
- \*[Ask a SEER Registrar- https://seer.cancer.gov/registrars/contact.html](https://seer.cancer.gov/registrars/contact.html)
- \*[Cancer Forum- http://cancerbulletin.facs.org/forums/help](http://cancerbulletin.facs.org/forums/help), also see ask the pathologist Cancer Forum
- \*[Hematopoietic and Lymphoid Neoplasm Database- Hematopoietic Project - SEER Registrars \(cancer.gov\)](#)
- \*[Solid Tumor Rules 2023- 2023 Solid Tumor Rules \(cancer.gov\)](#)
- \*[NAACCR- Site specific data items \(SSDI/GRADE\)- Schemas | SSDI Data | \(naaccr.org\)](#)
- \*[NAACCR- Version 23 Reference page-Version 23 Reference Page - NAACCR](#)
- \*[STORE- Updated, effective for cases dx 1/1/2023 store-manual-2023.pdf \(facs.org\)](#)
- \*[AJCC- Errata for 8<sup>th</sup> edition AJCC Updates and Corrections \(facs.org\)](#) also on Amazon- [Version 9 of the AJCC Cancer Staging System \(4 book series\) Kindle Edition \(amazon.com\)](#)
- \*[Informational Abstracts- http://www.cancerregistryeducation.org/rr](http://www.cancerregistryeducation.org/rr)
- \*[NCI Cancer Types- https://www.cancer.gov/types](https://www.cancer.gov/types)
- \*[CTR Guide to Coding XRT- Revised Guide 2022- case-studies-for-coding-radiation-treatment-v4-0-20220509104726.pdf \(facs.org\)](#)
- \*[NCDB- The Corner Store- https://www.facs.org/quality-programs/cancer/news](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 2023- SEER Program Coding and Staging Manual \(cancer.gov\)](#)
- \* [SEER Abstracting Tool- https://seer.cancer.gov/seerabs/](https://seer.cancer.gov/seerabs/)
- \*[SEER COVID 19 Abstraction Guideline- https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf](https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf)
- \*[NCCN Guidelines- https://www.nccn.org/guidelines/category\\_1](https://www.nccn.org/guidelines/category_1)
- \*[2020 COC Standards- effective 1/1/21- optimal resources for cancer care 2020 standards.pdf \(facs.org\)](#)
- \*[US Cancer Statistics Data Visualizations tool- USCS Data Visualizations - CDC](#)
- \*[Summary stage 2018- version 2.1- Summary Stage 2018 - SEER \(cancer.gov\)](#)



[American Cancer Society: Diet and Physical Activity: What's the Cancer Connection?](#)  
[Diet and Physical Activity: What's the Cancer Connection?](#)

[National Cancer Institute: Study Identifies a Potential cause of Immunotherapy's Heart –Related Side Effects](#)  
[What Causes Immunotherapy's Heart-Related Side Effects? - NCI \(cancer.gov\)](#)

[Tumor tip from Omega Healthcare: "No treatment/Surveillance- Different Fields have Different Rules:](#)  
[Tumor Tip of the Week -No Treatment/Surveillance- Different Fields have Different Rules - Omega Healthcare \(omegahms.com\)](#)

[Tumor tip from Omega Healthcare: P16 Test Results Can Be Used to Code HPV+\(8085\) and HPV-\(8086\) SCC](#)

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## REPORT FROM THE NC CENTRAL CANCER REGISTRY Melissa Pearson, CTR

### Submission of NC CCR data to NPCR and NAACCR:

The CCR submitted 1995-2021 data to NAACCR & NPCR on November 23<sup>rd</sup>, 1 week before the deadline! The table below the key variables used for certification and reflects that we either met or exceeded in each category.

The effect of COVID-19 on 2020 data is still a relevant concern. We are usually well above 100% completeness for 24-month data at the time of submission and this year we just met the requirement with 95% completeness for 2020 data. For 12-month data (2021 cases), case counts were a little higher than we typically see at the time of submission. Did a rebound occur in 2021? Only time will tell. We still need to follow this for a few more years to see if there are any trends. See the article below regarding NAACCR, NPCR and SEER's efforts to understand the impact of COVID-19 on cancer reporting.

Two years ago, we shared that our percent of unknown race was rising (2.2%) and encroaching too close to the 3% threshold. Many of our unknown race cases are from physician offices and pathology reports from independent pathology labs for cases not reported by the ordering facility. We have made a concerted effort to 1. follow back to the ordering facility on cases identified from pathology reports, and 2. identify other resources for race information, such as hospital discharge data. Slowly, but surely, we are bringing the percent of unknown race down (1.47%). Your efforts in coding race and responding to our pathology report follow-back requests so that we get the best information is making a difference!

2020 Submission File (N=65,849)			
Key Variables	Number of Cases	Percent	Grant Requirement
Missing County at Dx Analysis	83	0.13%	<=2%
Missing Gender	0	0.00%	<=2%
Missing Age	0	0.00%	<=2%
Missing Race	965	1.47%	<=3%
Cases Derived from Death Certificates	515	0.78%	3% or fewer cases
Duplicates	0	0.00%	< 1/1,000
24-month data (2020 Dx Year)	65,849	95%	95%
12-month data (2021 Dx Year)	63,312	96%	90%

1995-2021 Submission File (N=140,2536)			
Key Variables	Number of Cases	Percent	Grant Requirement
Missing County at Dx Analysis	1050	0.07%	<=2%
Missing Gender	8	0.00%	<=2%
Missing Age	0	0.00%	<=2%
Missing Race	6710	0.48%	<=3%

## FACTORS IMPACTING 2020 CASE COMPLETENESS: NAACCR SURVEY RESULTS

NAACCR, NPCR and SEER have been collaborating regarding the true impact of the COVID-19 pandemic on completeness estimates for the 2020 diagnosis year. As you can see from our submission report above, there is a definite decrease in the number of cases for 2020. It can be difficult to evaluate the true impact when it is uncertain if decreases are due to staffing issues, operations, backlog in finalizing cases, late reporting of cases by facilities, or a true decrease in the number of cases.

SEER completed an extensive analysis of the estimated impact of the COVID-19 pandemic on incidence. As a result, SEER will be adjusting completeness estimates in their data by 10.86% to account for the decrease in cases. In a follow-up to that, NAACCR distributed a survey to central cancer registries to assess the magnitude of the issues affecting staffing, operations, and behaviors within cancer registries and the impact on case counts and case ascertainment. The full survey results are available in the [August NAACCR Narrative](#).

NPCR and NAACCR will also analyze this year's 24-month submission data using several methods to determine possible adjustments to their completeness methods. All three organizations will continue to collaborate to ensure the best approach to understanding the impact of the COVID-19 pandemic on cancer case counts.

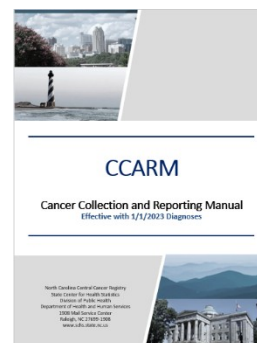
What can you do to contribute to this evaluation?

- Do an internal evaluation of your registry operations and registry data. Were your casefinding methods operating fully and effectively during the pandemic? Even a temporary failure in a process can quickly create problems. For example, are you confident that you received all pathology reports?
- Conduct a casefinding audit on 2020 cases to eliminate the possibility of missed cases. There was a lot going on during that time and oversights can easily happen. If you prioritized certain cases (such as analytic) have you gone back and completed the case ascertainment and reporting of all other required cases (such as non-analytic cases)?
- Discuss 2020 case counts in cancer committee. Is the caseload in line with what committee members would expect to see?
- Communicate with your CCR staff representative so that we may factor in any issues into our evaluation at the state level.

## The CCARM 2023 is on the way!

We hope to distribute the CCARM 2023 in the next few weeks. In the meantime, here are a few key points to help get you started with abstracting 2023 cases:

1. **PI Rads, BI Rads, LI Rads alone are not reportable.** PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable. The biopsy/physician statement makes it reportable; however, the date of diagnosis is the date of the imaging. This aligns with the instructions in the STORE. Any clarifications from the CoC on this topic will apply to reporting to the CCR as well.
2. While the CoC made Lobular Carcinoma In Situ of the Breast (LCIS) not reportable, **LCIS IS REPORTABLE TO THE CCR.** You may need to change how you assign Class of Case. These will now fall into the same category as VIN/VAIN/AIN III. Most likely this will be Class of Case 34 or 36.
3. **Coding Unknown Dates without flag fields** –
  - a. Date of Birth, Date of Diagnosis, Date of First Contact and Date of Last Contact cannot be blank for any case reported to the CCR. Investigation must be done to determine a date.
  - b. Treatment dates – Blank is allowed only if the treatment associated with that date was not done. If the associated treatment was given, then the date CANNOT be blank. In summary, we need to be able to differentiate between when a date was left blank because it was unknown and when the date was known but the abstractor accidentally skipped coding it.
  - c. We will be sending out more information on the specifics of when the date cannot be blank, when to estimate, etc.



4. Most **text** fields will increase from 1000 to 4000 characters in v23. Please be kind to your CCR staff who are reading thousands of abstracts each year. Do not paste ENTIRE reports just because it fits! Continue to ensure that your text is concise and clearly justifies coded data items.

## Audit on Breast Laterality Left?? or Right??



Cheryl Biagiarelli, CTR  
Dianna Stucky, CTR



The QC staff at the NC CCR visually edit approximately 40% (or 40,000 records) of incoming cases each year. These are cases that need a linkage decision (is it the same primary as an existing case?) or need to be consolidated (what is the most accurate code for each data item in the abstract based on the text?). Based on consistent errors that are observed during this review, we may decide to conduct an audit to evaluate all cases in the database for that error. This helps us determine how big the problem is and if it is abstractor or facility specific or is a state-wide concern. Recently we noticed an increase in incorrectly coded laterality on 2021 breast cases and decided this is something we should further investigate!

Purpose: Identify incorrectly coded laterality for breast primaries  
 Criteria: Primary Site of C50.0-C50.9  
 Study Period: Diagnosis date of 1/1/2021-12/31/2021

**Results:**

- 14,481 cases were reviewed, and the text was compared to the coded laterality.
- 139 cases had an incorrect laterality. The text clearly stated one side, but the other side was coded.
- One case had to be re-linked because the incorrect laterality resulted in an error in the automated tumor linkage decision.

While the number of incorrect cases may not seem significant, it has a much larger impact than you might think. The software application that the NC CCR uses (CRSPlus) performs some automated tumor linkages since CCR's receive such a high volume of records. The tumor linkage logic is based on the SEER Solid Tumor Rules. Breast is one of the sites with extensive tumor linking logic since it is one of the highest volume cancer sites.



What is the biggest trigger for the system to determine a new primary? You guessed it...Laterality! The logic looks at laterality as part of the first decision of whether two abstracts represent the same primary breast cancer. If the abstract has an incorrect laterality code, the result could be that the tumors will be incorrectly linked automatically without flagging the case for manual review and intervention.

Here is an example:

Hospital A (performed the biopsy)			Hospital B (performed the mastectomy)		
Data Item	Value	Text	Data Item	Value	Text
Sequence	00	4/18/21 PE: 2cm mass in RUOQ. 5/1/21 MMG: 1.7cm mass in RUOQ. 5/14/21 Rt breast bx: IDC. 6/15/21 Rt MRM: IDC.	Sequence	00	4/18/21 PE: 2cm mass in RUOQ. 5/1/21 MMG: 1.7x1.4cm mass in at 11 o'clock. 5/14/21 Rt breast bx: mammary carc. 6/15/21 Rt MRM: IDC.
Dx Date	20210514		Dx Date	20210514	
Site	C504		Site	C504	
<b>Laterality</b>	<b>1</b>		<b>Laterality</b>	<b>2</b>	
Histology	8500		Histology	8500	
Behavior	3		Behavior	3	

Notice that the coded data items in the 2 abstracts above are exactly the same...except for LATERALITY. Based on the text, this is clearly the same tumor, and the laterality is the RIGHT breast.

If this case had fallen into the auto-linkage pathway in our database, it would have been **INCORRECTLY linked as TWO PRIMARIES** based on Solid Tumor Rule M7 (abstract multiple primaries when there is bilateral breast cancer - LEFT AND RIGHT). It would not have been flagged for a manual linkage decision by the QC Staff.

Breast is not the only primary site where auto-tumor linkage could be affected by incorrect laterality codes. Lung, kidney, and melanoma are a few others. While we have various processes that try to identify incorrect linkages and we make an overwhelming number of linkage decisions manually, the CCR database contains over 2 million records, so this is not an easy task! And, as we all know, quality begins at the time of abstracting! So, making sure you don't have accidental errors like typos when entering a code is a critical first step. Gender is another data item where accidental typos can very easily happen.



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#### Takeaway Tips:

- Proofread, proofread, proofread.
- Do one last review to confirm laterality is coded correctly.
- Do your own audits to help identify common coding errors. Are you prone to making this type of mistake? If so, this is something that you will really want to pay extra close attention to before you close out the abstract!



**Cancer Registry World Podcast - [https://www.mycrstar.com/cancerregistryworld/\[mycrstar.com\]](https://www.mycrstar.com/cancerregistryworld/[mycrstar.com])**

Join Dr. Frederick L. (Rick) Greene each month as he hosts the only podcast dedicated to cancer registrars, **Cancer Registry World™**, focusing on the role of cancer registrars and cancer registries in the universal treatment of malignancy. Each segment

will feature cancer registrars, clinicians, organizations, administrators, researchers, and representatives of all healthcare groups who contribute to and benefit from data that are derived from cancer registries. Cancer Registry World™ episodes are available on the ERS website - <https://www.mycrstar.com/cancerregistryworld/> [[mycrstar.com](https://www.mycrstar.com/)] - and wherever you listen to your favorite podcasts, including [ApplePodcasts](https://podcasts.apple.com/) [[podcasts.apple.com](https://podcasts.apple.com/)], [Spotify](https://open.spotify.com/) [[open.spotify.com](https://open.spotify.com/)], [Stitcher](https://stitcher.com/) [[stitcher.com](https://stitcher.com/)], [iHeartRadio](https://iheart.com/) [[iheart.com](https://iheart.com/)] and [TuneIn](https://tunein.com/) [[tunein.com](https://tunein.com/)]. Sponsored by ERS, Inc.

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**Frederick L. Greene, MD FACS—Medical Director, Cancer Data Services,  
Atrium/Levine Cancer Institute**

### **Stress and Cancer**

For many decades, the association of prolonged stress and cancer has been known. This has been described in civilians who are affected by the prolonged stress of war, such as those living in wartime Britain during the London blitz in 1940-41 and, more recently, the unfortunate people living in Ukraine. Recent studies have also shown that certain populations may be especially susceptible to prolonged cancer-causing stress. The term to describe and quantify this stress is termed “allostatic load”. Using the National Health and Nutrition Examination Survey (NHANES) and the National Death Index, these important associations have been noted. To determine “allostatic load”, the researchers looked at several factors collected in NHANES: BMI, diastolic blood pressure, glycohemoglobin, systolic blood pressure, total cholesterol, serum triglyceride, serum albumin, serum creatinine and C-reactive protein. The result showed that Non-Hispanic White adults had a 95% increased risk, non-Hispanic Black adults had a twofold increased risk and Hispanic adults had a 36% increased risk. While many of the specific factors leading to stress-related cancer are not currently found in our cancer registries, the challenge will be to capture elements to assure that our registries remain a viable research tool as the future relationship of malignancy and stress is analyzed.

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### **Educational Scholarship Inez Inman, BS, RHIT, CTR**

A great opportunity to attend the NCRA Educational Conference in San Diego, CA!  
Two, yes two, winners will be chosen. One will be in-person and the other will be virtual attendance.

For the in-person attendance, the early bird registration fee, airfare round trip in coach, and hotel for three nights plus taxi from and to airport will be paid by ANCCR. The winner will need to take care of all arrangements. The other winner will have the early bird registration fee paid for by ANCCR. This winner will also need to take care of the registration.

The purpose of the scholarship is to provide financial support to two members who may not otherwise have the opportunity to attend the NCRA Conference. To have the opportunity to win,

ANCCR members must complete the application and submit a 500-750 word essay on the 2023 topic: Explain how becoming a cancer registrar was your new horizon. Deadline: 3/1/23.

Please email the essay with the completed application information to:  
Inez Inman at [iinman@wakehealth.edu](mailto:iinman@wakehealth.edu).

Deadline is Wednesday, March 1, 2023. The winning essays may be reprinted in *The Sentinel* following the NCRA educational conference. The ANCCR Board will calculate the total amount of the early bird registration fee, airfare, and hotel. After the winners have been selected, a check will be sent to both individuals.

**APPLICATION  
2023 EDUCATIONAL SCHOLARSHIP ESSAY  
“Explain How Becoming a Cancer Registrar was your New Horizon”**

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Facility's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Your manager, supervisor, director's printed name: \_\_\_\_\_

Your manager, supervisor, director's email address: \_\_\_\_\_

I prefer to attend the in-person NCRA conference: Yes: \_\_\_\_\_

I prefer to attend the virtual NCRA conference: Yes: \_\_\_\_\_