



OREGON CANCER REGISTRARS' ASSOCIATION NEWSLETTER

President's Message

December 2, 2011

Greetings!

Well my year as President is at an end and this is my last message. I really have unexpectedly enjoyed my time. I want to thank each member of the Executive Committee. They were WONDERFUL. Each had a job and they all went above their responsibilities. Thank you so much for your cooperation and support this year.

I also want to thank the OCRA membership for your willingness to serve in whatever capacities were asked of you. This is a great group to work with. Now it is time to discuss our future. There are several Ad Hoc committees which will be working through out next year. Thank you to all the volunteers working to complete the assigned tasks for each committee.

I wish the new president, Norie Vogt, the best for the coming year. I know each member will assist in any way to make her time in office as good as mine has been.

Again thanks to each of you and have a Merry Christmas and a great New Year.

Jacqueline Hartzler, LPN,CTR
OCRA President 2011

WINTER 2011

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Yikes! Winter is coming

CTR exam scholarships:

As a reminder for anyone who is planning on taking the exam in the future there are scholarships available to help either defray the cost of the exam itself or to provide funding for educational tools:

MICHELE HENSON MEMORIAL SCHOLARSHIP available thru ORCA which pays for the cost of the exam up to the NCRA members' cost.

ROBERT HENDRICKSON MEMORIAL SCHOLARSHIP which is available thru NCRA pays for education materials. The application is a bit longer to fill out and asks you for the top 5 resources that you would like to have paid for by the scholarship. You do not have to be a member of NCRA to apply or to be awarded the scholarship. You do have to have a good explanation why you are applying for the scholarship.

BOTH APPLICATIONS CAN BE FOUND ON THE OCRA WEBSITE: <http://www.ocra-oregon.org>

R e g i s t r y N e w s

Earlier this year, OSCaR began the process to update the Oregon Administrative Rules. The background for updating the Administrative Rules began in 2004, when the Oregon Statutes were amended to add benign brain and CNS tumors to the OSCaR reportable list. More recently, however, OSCaR was presented with a proposal to expand its public health role by collecting diagnostic reports for Stage II CIN tumors (in addition to the Stage III CIN tumors already reported by the hospital registries), which are currently being monitored by the CDC in connection with tracking HPV-related disease. After some discussion, we concluded that the collection of these diagnostic reports would be a worthwhile expansion of OSCaR's cancer data collection activities. We recognized, however, that given the potential increase in workload for hospital cancer registries in reporting Stage II CIN tumors, it would be more reasonable to limit the new reporting requirement for Stage II CIN tumors to the collection of pathology reports from Oregon pathology laboratories only.

As part of the rules revision process, a Rules Advisory Committee (RAC) was formed to review the proposed OSCaR Administrative Rules. The RAC includes several staff members from Oregon hospital registries including Jacque Hartzler (Salem Hospital), Christina Schwarz (Kaiser), and Teresa Mason (OHSU). The RAC held a meeting on September 23rd to review the proposed changes to the OSCaR Administrative Rules, and an additional public hearing was held on November 16th. The Administrative Rules under review include the addition of benign brain and CNS tumor reporting, cancer reporting by clinical laboratories (including the submission of pathology reports for certain precancerous conditions discussed above), some modifications to OSCaR's patient notification procedures, and an expansion of the provisions for special studies to include the potential procurement of pathological tissue samples in connection with public health investigations conducted by OSCaR. A detailed description of the new Administrative Rules, which are currently being finalized, is available on the OSCaR website: www.healthoregon.org/oscar.

CAnswer Forum

HOSPICE date 1/10/11

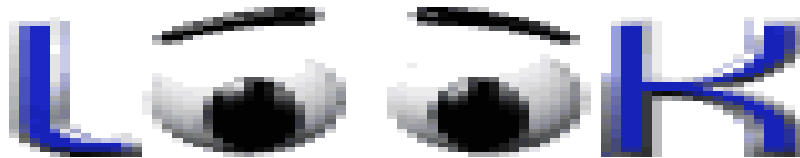
- Q) Too often, physicians only indicate patient is referred to hospice in the discharge summary. How would I code this treatment - palliative or other? Or would I code it at all?
- 2nd Q) no first course treatment listed but really the patient was referred to Hospice for "best supportive care" shouldn't that be considered palliative treatment?
- A) Do not code palliative if only what you have is "hospice" or "best supportive care". The patient can receive unlimited variety of medical interventions in the hospice, but they cannot be classified as palliative without details. For example, antiemetic medication given to the patient to relieve or prevent nausea.

Class of Case 11/30/10

- Q) Patient is diagnosed at an outside facility. Patient is admitted to our facility for treatment options. During admission patient is transported daily to outside facility to receive palliative radiation. Chemo was discussed but considered not an option. What would this class of case be? How does treatment planning affect the class of case?
- A) The patient diagnosed and treated elsewhere. No diagnosis and treatment at your facility. The class of case 30.
Follow up Q) But if chemo WAS discussed and not given, let's say because of co-morbidities, wouldn't that make this an analytic case? While the patient was in-house, treatment PLANNING was performed, which would make this a Class 21. The decision not to treat with chemo was made at this facility.
- Follow A) The patient was diagnosed elsewhere, admitted to your facility for consult to discuss treatment options, and they ended up with palliative radiation, which was administered elsewhere. Therefore, the patient had consult at your facility, and this is non-analytic class of case 30.

Palliative Care date 10/18/10

- Q) If patient was diagnosed elsewhere and only received palliative care in the form of pain relieve or stent placement at our facility. Is it reportable to us?
- A) The trick is, when the palliative procedures (codes 1, 2, 3, 5, 6) done to the patient, they also should be coded in the first course of treatment respective items for surgery, chemo, or radiation, which make the case analytic. When the patient diagnosed and treated elsewhere, and came to your facility for 4 {pain mgmt} or 7 {other}, the case is not analytic. So, in your case, the patient underwent stent placement (code 7), not analytic
Follow up Q) So if a patient had a diverting colostomy to alleviate symptoms of colon cancer and had no other treatment would you code the diverting colostomy as 06 under dx staging procedures and 7 under palliative?
- A) The colostomy is palliative surgical bypass procedure. It does not remove the primary/secondary malignant tissue. Code colostomy in the Palliative Tx, code 1. If no other treatment at your facility, the colostomy alone does NOT make the case analytic.



Interesting Tidbits

Why Everyone Deserves Palliative Care

<http://www.cancer.org/Cancer/News/ExpertVoices/post/2011/11/29/Why-Everyone-Deserves-Palliative-Care.aspx>

FDA Revokes Approval of Avastin for Breast Cancer

<http://www.cancer.org/Cancer/news/fda-revokes-approval-of-avastin-for-breast-cancer>

Breast Cancer, Chemotherapy and Brain Function

<http://www.cancer.org/Cancer/news/breast-cancer-chemotherapy-and-brain-function>



**THANK YOU TO THE
MEDFORD GALS FOR
HOSTING THE ORCA
CONFERENCE.
IT WAS INTERESTING,
ENTERTAINING AND
FUN. AND IT WAS
SUNNY!**



MESSAGE FROM THE EDITOR

The end of 2011 is fast approaching; So watch out! 2012 with all its changes is lurking around the corner. It will be an interesting year for a variety of reasons
But until then we have the Christmas season upon us. I hope each and everyone has a great time. I want to wish you all a Merry Christmas and a Happy New Year! Also, I hope everyone stays healthy through out the remaining weeks of this year and through out the next.
Until next year.

Please remember to send items of interest to me.

ramoss@OHSU.edu

Thanks

Shannon Ramos



2011 Elected Officials

President (Duties)

Jacque Hartzler, LPN, CTR

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Treasurer (Duties)

Vicki Shindler, CTR

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Secretary (Duties)

Sena Smiley, CTR

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President Elect (Duties)

Norie Vogt, LPN, CTR

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Past President (Duties)

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