



### Presidents Message

Spring is upon us, they tell us, as well as the 2018 registry changes which seem to be continually evolving. We anticipate, we acknowledge, we prepare, and we conquer: the life of a Cancer Registrar. I try to stay focused on the goal of improving cancer care for every individual. That's what we do, isn't it? We all have been affected some way or another by cancer. I have had fourteen people in my family affected, with two of my loved ones passing this year, as did our Cancer Services Director in 2017.

So when someone asks me, "How do you handle working with cancer every day?" I think to myself, aren't we all dealing with a loved one or know a family dealing with cancer? I want to make a difference and I believe we do as Registrars. Just in the 20 years I have been in this field, as well as the 10 years prior in the field of Pathology, I have seen the improvements in cancer diagnoses, treatments and outcomes and it is truly remarkable as well as hopeful and exciting! Let's continue to evolve and make the changes necessary for the researchers using our data and for the administrators making health care decisions.

That being said, I ask us as Registrars to be there for one another and acknowledge and validate each other's frustrations with all the changes we face which are sometimes not always heard or understood. We all seem to be working with fewer FTEs, budget cuts, management changes, mentoring and training new CTRs, retirements, time management, being behind, etc. Even with all of this, I challenge you to rally, be the organized, versatile and resilient Registrars you were trained to be, and lift each other up in this ever-changing field of Cancer Registry. We can make a difference!

*"Every day holds the potential of a miracle."*

I also want to mention OCRA is officially a 501(c ) (3) exempt organization and classified as a public charity allowing donors to deduct contributions to us and also qualify us to receive tax deductible bequests, devises, transfers or gifts under this status. This was accomplished from the due diligence of Vicki Shindler and your 2017 OCRA Executive team and I thank them for this achievement for our organization.

I look forward to seeing everyone at the great Fall Workshop being planned in Eugene this year. Thank you Education Committee.

I would also love to hear from those of you attending NCRA in New Orleans. Let me know if you are attending so we can get together for a picture and possibly lunch.

We have a great Executive team this year; please feel free to contact any of us at any time. Thank you Laura Wallace and to the contributors for this excellent newsletter. Enjoy.

Jennifer Johnson, CTR  
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### 2018 Officers:

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### Newsletter Editor:

Laura Wallace, RHIT,CTR  
wallacl@ah.org

## OSCaR Updates (Spring-March 2018) Linda Shan – Quality Assurance and Training Coordinator

- OSCaR will be conducting another survey starting in early March. We ask that you please take 5-10 minutes of your time to complete the survey. We are looking to see how we have improved over the last year, identify areas we still need to improve on, and gauge interest on Fall Workshop 2018. Your participation is needed.
- Major changes are coming for reporting on cases diagnosed in 2018. Some of the changes include implementation of AJCC 8th ed., and changes in grade, just to name a few. There will also be new data items collected and other data collected but in new data fields. CDC anticipates release of updated software in mid-2018. OSCaR will communicate updates through the list serve as they become available. Meanwhile, all cancer reporters should concentrate on reporting any outstanding 2016 and 2017 cases. Please do not submit any cases diagnosed in 2018 until you hear otherwise from OSCaR.
  - If you would like more information on the changes for 2018 implementation please visit the NAACCR website at <https://www.naacr.org/2018-implementation/>

### SEER SINQ Q&A Moment:

#### Question (#16785):

- For AIN3 cases, is hyfercation considered treatment?
- If yes, how do you code it?
- Would this change if there is no mention of IRC? And would it be coded differently?

Answer:

*Code hyfercation in Other Treatment. Hyfercation is precise destruction of all types of cutaneous lesions (both superficial and deep) and controls surgical bleeding simply by applying electrical energy to the lesion. Mention or no mention of IRC does not affect the coding of hyfercation.*

#### Question (#16843):

- What would be the histology code for "bronchogenic adenocarcinoma, md, w/predominant micropapillary growth pattern (approx. 80% micropapillary and 20% acinar)?
- Basically, do I take into account the micropapillary growth pattern when determining the histology code?

Answer:

*The term "pattern" is used to describe in situ spread. Code histology to adenocarcinoma (8140/3).*

### SEER Casefinding List Updated for 2018

Casefinding is a vital component to a successful cancer registry. Casefinding is a process to help identify eligible cases to be included in the cancer registry database.

SEER has published the casefinding list for FY2018 which should be used for Oregon casefinding. Find it at: <https://seer.cancer.gov/tools/casefinding/fy2018-casefindinglist-icd10cm.pdf> or on our website at: <http://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/CANCER/OSCAR/Pages/reporting.aspx>

Remember that you need to use the Comprehensive List. And your facility can choose to use as many codes from the Supplemental List as you find valuable and/or as time allows.

## AJCC 8<sup>th</sup> Edition Updates and Trainings

AJCC has announced the schedule for their free public 8<sup>th</sup> edition webinar series. Complete information can be on their website at: <https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx>

These webinars are pre-approved by NCRA for 1 hour of continuing education (CE) each and meet the Category A requirements.

Eighth Edition Webinar	Live Date and Time
Introduction & Descriptors	Thursday, December 7, 2017 (11-12pm PST) <b>Recorded webinar available</b>
Minor Rule Changes	Thursday, February 15, 2018 (11-12pm PST) <b>POSTPONED-TBA</b>
Major Rule Changes	Tuesday, March 20, 2018 (11-12 PST)
CAnswer Forum & Staging Questions	Tuesday, April 17, 2018 (11-12pm PST)
Head & Neck Staging	Wednesday, July 25, 2018 (11-12pm PST)
Breast Staging	Thursday, September 6, 2018 (11-12pm PST)

## AJCC 8<sup>th</sup> Edition Updates and Corrections

Cases with a diagnosis date of 1/1/2018 and forward should be staged using AJCC 8<sup>th</sup> Edition Cancer Staging Manual. Please visit AJCC's website to download all 8<sup>th</sup> edition updates and corrections. The link is: <https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx>

## Electronic Pathology (ePath) and OSCaR – The Path to Better Data

Did you know that according to Oregon Revised Statute 432.520 (4), clinical laboratories that diagnose cases of cancer or benign tumors of the brain and central nervous system are required to report each case to Oregon State Cancer Registry (OSCaR)? It's true. Did you also know they're required to report these cases electronically? That's true as well. And with the *Electronic Pathology Reporting Manual* recently developed by OSCaR, the process for lab electronic reporting is simpler than ever.

As defined further in Oregon Administrative Rule OAR 33-010-0032, clinical laboratories are required to report electronically to OSCaR all cases with test results indicative of and specific for a reportable cancer or reportable non-malignant condition. They must also electronically report all cases with biopsies (excluding cytology tests) indicative of and specific for a reportable pre-malignant condition.

OSCaR uses electronic pathology or ePath data as an accuracy and cases completeness tool, in addition to case finding. A census of 3,269 faxed and mailed cancer incidence reports from 2015 revealed that 1,395 cancer incidence reports were received from 52 sources using 4 hospital pathology labs. An additional 1,874 cancer incidence reports were received from 147 sources that used 20 independent or non-hospital pathology labs.

OSCaR is working with the Centers for Disease Control and Prevention (CDC) to significantly increase national-level reporting. Currently, OSCaR receives ePath data from several regional and national laboratories, but as the data above indicate, OSCaR has the opportunity to significantly improve the accuracy and completeness of its cases and find additional cancer cases not otherwise reported if hospital pathology labs initiate electronic cancer incidence reporting. Hospital and independent

pathology lab reporting not only improves OSCaR's database quality, but these reports, when matched with non-hospital provider's electronic reports, provide a complete electronic abstract.

The recently developed manual walks laboratories through a step-by-step process to ensure quality data are submitted. It tells laboratories what to report, when to report, and how to report, including a list of required data items. It even contains a WebPlus file upload procedure and HL7 data specifications for those on the cutting edge. Nothing has been left out so laboratories can easily and efficiently report their data to OSCaR.

Improving processes for providers, facilities, and registries – that's OSCaR's goal!

### Reporting to OSCaR AIN II-III

There *have* been recent discussions with OSCaR, hospital registrars, hospital pathologists and hospital physicians regarding the reportability of AIN II-III.

**Per just one of many scientific articles:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5314201/>

A connection between anal dysplasia and the HPV has been established. Further clarification of the relationship of AIN with HPV, has led to a simpler coding system consisting of a two-tiered approach of "low grade" and "high grade squamous intraepithelial lesions" (LSIL and HSIL respectively). Under this system, AIN I corresponds to LSIL and AIN II/III to HSIL. HSIL lesions are considered premalignant, whereas LSIL lesions are not felt to be premalignant, but do have the potential to progress to HSIL.

**Per Pathologists that were queried:**

When asked if AIN II/III terminology is used does this mean the patient has both AIN II and AIN III? Both Pathologists answered yes, AIN II-III includes both moderate and high grade dysplasia.

**Per MD & Registrar queries:**

AIN II-III is treated as AIN III since the specimen contains both.

Because of the significance of the relationship to HPV, for public health purposes, and the change in pathology coding system, OSCaR **will** allow reporting of AIN II-III cases.

### Coding Tips- Surgical Margins & Disease Free Status

Per FORDS record the margin status as it appears in the pathology report. Codes 0-3 are hierarchical.

If the path report states margins are not evaluable or cannot be assessed, then you can use code 7.

If the margins are not mentioned on the pathology report you should code to 9, unknown. For lymphomas, ill-defined primary site, hematopoietic, or immunoproliferative disease, code 9.

The data items 'surgical margins' and 'disease free status' are coded individually. Example: patient has a modified radical mastectomy, pathology report doesn't mention margins. You would code it to a 9. However the Surgical/Operation report summary states: all tumor was removed, no residual tumor seen. Code disease free based on this statement from the doctor.

## SEER 2018 Solid Tumor Rules (formerly MP/H rules)

The National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program Solid Tumor Task Force are posting draft versions of the 2018 Solid Tumor Coding Rules so that registrars may assess the revised rules prior to the final rules being posted. Solid Tumor site rules will be marked as “Draft” until they are finalized. Site specific draft rules will be posted as they complete formatting.

**Note: Prior to reviewing the draft rules, it is highly recommended that registrars read the 2018 Solid Tumor Rules Implementation Statement.** The Solid Tumor rules may be accessed on the seer.cancer.gov website: <https://seer.cancer.gov/tools/solidtumor/>

Use the 2018 Solid Tumor coding rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 2018 and forward. The Solid Tumor coding rules replace the [2007 Multiple Primary and Histology \(MP/H\) Rules](#).

### Implementation Statement

The NCI SEER Program Solid Tumor Task Force is posting draft versions of the 2018 Solid Tumor Coding Rules so that registrars may assess the revised rules prior to posting the final rules. Solid Tumor site rules will be marked as “Draft” until they are finalized.

### What you need to know about the 2018 Solid Tumor Rules

Eight site groups have been revised for 2018:

- Head & Neck
- Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)
- Lung
- Breast
- Kidney
- Urinary Sties
- Non-malignant CNS and Peripheral Nerves

The 2007 Multiple Primary & Histology rules will be used with a few small changes for cases diagnosed 1/1/2007 to 12/31/2018 for the following site groups:

- Cutaneous melanoma
  - Cutaneous melanoma site rules will be revised for 2019 implementation to incorporate information from the new WHO 4th Ed Tumors of Skin scheduled to be released in 2018.
- Other sites
  - Primary sites excluded are:
    - Rectosigmoid and rectum which are included in 2018 Colon rules.
    - Peripheral nerves which are included in 2018 Malignant Brain rules.
  - Other sites rules will be revised for 2019 implementation. The Solid Tumor Task Force has identified the need to expand the rules to include GYN, soft tissue, thyroid and other site-specific solid tumors.

### Using the Draft 2018 Solid Tumor Rules

There are two options for using the 2018 draft rules:

- Use the draft rules for 2018 cases, but flag cases for review when the final rules are posted, **OR**
- Do not use the draft rules for 2018 cases. When final rules are posted, review any 2018 cases which have been abstracted and make changes as specified in the final rules.

### Final 2018 Solid Tumor Rules

Finalized 2018 Solid Tumor rules will be posted and marked “FINAL” once the task force:

- Ensures newly recommended ICD-O-3 histology terms and codes have been incorporated into the rules.
- Ensures the revised rules accurately reflect the ICD-O-3 and World Health Organization Classification of Tumors editors’ intent and purpose.
- Addresses the need for additional notes and examples to clarify rules.

### Download the Solid Tumor Manual

General Instructions (Draft) (PDF, 538 KB)

Head & Neck (Draft) (PDF, 1.3 MB)

Colon (Draft) (PDF, 1.0 MB)

Lung

Cutaneous Melanoma (Draft) (PDF, 581 KB)

Breast (Draft) (PDF, 1.5 MB)

Kidney

Ureter/Renal Pelvis/Bladder

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves,

Pituitary gland, Craniopharyngeal duct and Pineal Gland

Benign and Borderline Intracranial and CNS Tumors

Other Sites (Draft) (PDF, 564 KB)

### SEER Announcements

1. Released March 20, 2018

#### 2018 Solid Tumor Coding Rules

Draft versions of the manual have been posted so that registrars may assess the revised rules.

2. Released March 20, 2018

#### SEER Registrar Staging Assistant (SEER\*RSA) Website

2018 Extent of Disease (EOD), Summary Stage 2018, and Site Specific Data Items (SSDIs) are now available.

3. Released January 10, 2018

#### 2018 ICD-O-3 Coding Guidelines

Histology code and behavior updates for cases diagnosed 1/1/2018 forward are available on the NAACCR website.

4. On May 24th & 25th, 2018

#### 2018 SEER Advanced Topics for Registry Professionals Workshop

Following the NCRA Annual Educational Conference in New Orleans, LA

*The workshop is full. Contact NCRA to be placed on a waiting list.*

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## SEER Cancer Registrar Training available on the website

### [Becoming a Cancer Registry Professional](#)

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Frequently asked questions and resources on becoming a CTR.

### [SEER's Training Web Site](#)

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Web-based training modules for cancer registration and surveillance.

### [SEER\\*Educate](#)

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Online training platform for cancer registry professionals.

### [SEER Self Instructional Manuals for Cancer Registrars](#)

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A collection of instructional manuals in PDF format.

### [SEER Advanced Topics for Registry Professionals](#)

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An annual event that provides advanced training in data collection and coding.

## Resources Beyond SEER

[American College of Surgeons \(ACS\) Cancer Programs Education Portal](#)

[National Cancer Registrars Association \(NCRA\) Educational Resources](#)

[National Program of Cancer Registries \(NPCR\) Training](#)

[North American Association of Central Cancer Registries \(NAACCR\) Education & Training](#)

[Principles of Oncology for Cancer Registry Professionals](#)

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**OCRA 2018 Fall Meeting    Save the Date!    Save the Date!    Save the Date!    Save the Date!**



Arrangements for the 2018 OCRA Fall Workshop in Springfield are well under way. The Fall Workshop will be hosted by PeaceHealth this year. It will be held at Sacred Heart Medical Center at RiverBend in Springfield, Oregon.

As we make preparations for this year's educational raffle, please consider putting together and bringing a basket from your team to contribute to the raffle. This year's Education Committee is working hard to obtain additional donations from organizations, however the beautiful hospital baskets are always a main attraction. They help raise valuable funds for our future educational conferences. If you have any questions/suggestions, please contact Ron Lamie, Education Chair at [rlamie@peacehealth.org](mailto:rlamie@peacehealth.org)

Thank you for your support!



**NCRA's 44<sup>th</sup> Annual Educational Conference May 20 -23, 2018 *Save the Date! Save the Date!***  
**Sheraton New Orleans Hotel - New Orleans, LA**

NCRA's Annual Educational Conference is the largest gathering of cancer registrars in North America. With over 1,300 attendees, the conference is designed to provide training to help registrars stay current and develop management and leadership skills.

**Reminder: Category A requirements for CTR Continuing education**

**WHAT:** CTR credentialed individuals are required to comply with a new continuing education standard as set forth by NCRA's Council on Certification. At least four (4) of the required 20 CE hours must fall within "Category A" which covers the specific topic(s) of: directly assigned stage and/or site specific coding principles.

**WHO/WHEN:** All current CTRs will be required to comply with this mandatory CE policy. The **Category A** requirement goes into effect for **CTRs whose CE Cycle ends 12/31/2017**.

**HOW:** The **Category A** CE's are to satisfy at least 4 of a CTR's 20 CE minimum. CTRs that completed **Category A** CE's in 2016 will be allowed to use those CE's to fulfill the requirement. You are encouraged to tailor your CEs to the role you perform in your daily work. **Category A** CE's are to be submitted along with other completed CEs during the CE Cycle.

A CTR may complete training(s) from any provider(s) on **Category A** topics to attain required CE content. To qualify for CE's, content must improve or expand the existing base of knowledge or skills of the CTR.

**Examples of typical activities for Category A credit:**

- **Directly Assigned Stage**

**SEER Summary Stage**

Activities under this topic may include materials that define directly assigned SEER Summary Stage, including guidelines and code structure (in situ, localized, regional by direct extension, regional lymph nodes, regional by direct extension and regional lymph nodes, regional NOS, and distant).

**AJCC Clinical and Pathologic TNM Staging**

Activities under this topic would define the TNM categories and stage group requirements for clinical and pathologic staging, anatomy (e.g. prostate), regional lymph nodes, metastatic sites and prognostic factors (e.g. Gleason score, Prostate-specific antigen).

- **Site Specific Coding**

Activities under this topic may include training relevant to specific site (e.g. prostate) requirements for coding (e.g. number of cores examined/positive, clinical staging procedure).

## Providence Regional Meeting

California, Oregon and Washington August 8-10, 2018 Marriott Hotel, Burbank CA. Registration to open the end of March - EVERYONE is welcome to attend.

Sign up for the early bird to guarantee your spot for some great speakers and education including Dr. Frederick Green. The schedule is almost full and will be sent out as soon as it is complete.

Disneyland trip planned for Friday evening. Welcome reception and exhibits will open Wednesday, August 8th at 530 p.m.

\$275 member early bird  
\$325 member regular price  
\$415 member at door

\$325 non-member early bird  
\$400 non-member regular price  
\$485 non-member at door

Contact: Martha Curl for additional info:

[martha.curl@providence.org](mailto:martha.curl@providence.org) or 541-466-0957

## Commission on Cancer – Cancer Forum Post

Regional Meeting Approval

**Question:** 01-26-18, 09:57 PM

Is there a process or approval needed when you are having a regional meeting? We have 3 states working on a regional meeting for this year and the committee consists of members from all 3 states working on planning and preparation for this meeting. Do we need to do anything more, to verify that this meeting will suffice for commendation for attending a National or Regional meeting?

**Response:** 01-29-18, 01:18 PM

There is not a process or approval needed. The educational activity should meet the requirements listed in Standard 1.11. For commendation, documentation of attendance must be uploaded to the SAR. The brochure/agenda/certificate, etc. needs to state the three states involved in the meeting.

## Other News/Announcements

Would you, or someone you know that is preparing to sit for the NCRA CTR exam be interested in taking an exam prep during the Fall Workshop? Contact Nicole Davis at [ndavis@peacehealth.org](mailto:ndavis@peacehealth.org) if you interested.

