Oregon State Cancer Registry Association   Winter Edition – December 2019

Presidents Message

Dear OCRA members,

As my tenure as OCRA President nears an end, I leave with excitement and hope. This past year has indeed been a wonderful experience. I was blessed to lead an organization with guidance from some truly exceptional people. I learned from the many experiences of others and gained new knowledge. I now understand what it takes for an organization be successful. John F. Kennedy once said, "One person can make a difference, and everyone should try". While this is true, I learned that it takes everyone working together intentionally to accomplish the mission, constantly strive to achieve new goals, and prepare for the future. The tremendous support I received from our members was inspiring.

We can all be proud of what we accomplished this year. We had an awesome Fall Workshop with loads of educational opportunities, a blast from the past (Richard and assistants), and a few laughs (Little Bunny Foo Foo). We established a new member committee that will not only benefit new OCRA members, but will also reach out to aspiring CTR's and provide support essential for not only their success but the success of the cancer registry field. We increased our financial strength to secure our future as an organization. I alone cannot take credit for these accomplishments. It was because of the trust and support of all of you that we can look back and applaud these efforts.

I am very excited about the future of OCRA. I'm convinced that the incoming board will bring new ideas and keep our organization going strong into the future. I want to thank each of you for sharing your personal stories which gave me both inspiration and motivation. I want to thank everyone who volunteered to help on the board and the many committees. You showed me what it takes to be a member of a great team and a great organization!

Thank you!

Ron Lamie, CTR

2019 OCRA President

OSCaR Updates (December 2019)   Submitted by: Linda Shan

- OSCaR has spent the last few months conducting death clearance, performing linkages, running numerous edits and spending time visually reviewing cases in preparation for Call for Data (CFD). We also contacted facilities for any potential outstanding 2017 cases.

  November 1st was the official kick-off for Call for Data. And over this last month we have conducted four types of edits on our main database and conducting a more thorough exam on these cases. We have spent numerous hours combing through edits reviewing MPH and STORE manuals to determine if cases were single or multiple primaries.

  OSCaR strives to meet the NAACCR's Gold standard every year. This certification process not only ensures that we have met the highest standards but also yields a new set of Cancer in North America (CiNA) data products. We have submitted to NAACCR a total of 479,207 cases from 1996 through 2018. And we submitted a total of 24,032 for 2017 cases.

  If you are interested in learning about NAACCR certification criteria it can be found here: https://www.naaccr.org/certification-criteria/

  This year NPCR has pushed back their deadline for Call for Data to January 10, 2020.

- OSCaR has been working on increasing cancer reporting with our non-hospital facilities and eliminating paper cases that are submitted. On July 1, 2019, we officially launched Abstract Plus for Ambulatory Surgery Centers (ASC's) and Cancer Treatment Centers (CTC's) to use as an electronic means of reporting their cancer cases.

  We know that cancer is under reported in Oregon especially among the ASC's and CTC's. As treatment and diagnosing of cancer have increased in the outpatient setting we have determined the need to conduct outreach to ASC's and CTC's by phone, email and through a list serve called Abstract Plus User's Group (APUG).

  For 2020 we will be offering quarterly trainings for onboarding ASC's and CTC's. These trainings cover:

    - who the Oregon State Cancer Registry (OSCaR) is
    - informing them of their legal obligations to reporting cancer in Oregon
    - getting set up with Abstract Pus and Web Plus
    - and then training them on how to identify and report their cancer cases

- If you want to be added to the list for the NAACCR webinar series. Please send Linda Shan an email with your contact info and your facility. CE's are available for these webinars if you take and pass the quiz.

SEER SINQ Q&A Moment

Question: 20190046

Tumor Size/Bladder: The 2018 SEER Coding and Staging Manual says to use imaging over physical exam as priority for determining tumor size. If a bladder tumor is 4 cm visualized on cystoscopy,

and is 2.8 cm on CT scan, which should be used as the clinical size? Is cystoscopy (endoscopy) a clinical exam or imaging?

Answer:
For the case described here, use the size from the CT scan. Physical exam includes what can be seen by a clinician either directly or through a scope. A tumor size obtained visually via cystoscopy is part of a physical exam. Therefore, the imaging (CT) tumor size is preferred. Use text fields to describe the details.

SEER* Educate-Learning Opportunities

Do You Need CEs? SEER*Educate has made 30 practice cases available from the Training Menu in the Practical Application section. The National Cancer Registrars Association (NCRA) awarded continuing education (CEs) credits for each set of 5 cases. These were approved as Category A CEs.
https://educate.fredhutch.org/LandingPage.aspx

New in SEER*Educate!! **2018 Histology Coding Drills!**
The guidelines for coding histology for diagnosis year 2018 forward are so much more challenging than previous years. Although these coding drills **do not** qualify for CEs from NCRA, these exercises benefit experienced registrars as well as those studying for the CTR exam.

How do you "paper-free" cancer reporting? (Shannon Evangelista)

As more cancer treatment moves outside of hospitals to outpatient settings, completeness in reporting cancer incidence has become an increasingly time-consuming task here at the central cancer registry. Traditionally, OSCaR received over 85% of its cancer incidence reports from hospitals. Continual advancements in cancer diagnosis and treatment mean that many new reporting sources including ambulatory surgical centers (ASC), medical providers, pathology labs, and other cancer treatment centers (CTC) now play an increasingly critical role in helping OSCaR collect cancer data.

Cancer incidence reporting may seem straight-forward but, there is much that goes into planning how data is received here at OSCaR. Very broadly, data comes to OSCaR from the following sources:

- hospital sources (electronic, NAACCR-format)
- non-hospital sources (faxed and mailed, paper)
- laboratories (electronic, HL7-format)
- data linkages (electronic, various formats per type of linkage)

Ambulatory surgical centers and Cancer treatment centers are very much like hospital reporters they:

- must report to OSCaR each case of reportable cancer or reportable non-malignant condition, in patients admitted for diagnosis or any part of the first course of treatment for that cancer.
- must report cases of reportable cancer or reportable non-malignant conditions to OSCaR within 180 days of the date the case first receives cancer diagnostic or treatment services at the facility.
- may elect to contract with a private vendor or contractor to report cases of reportable cancer and reportable non-malignant conditions to OSCaR.

Ambulatory surgical centers and Cancer treatment centers are different than hospital reporters because:

- may report to a health system cancer registry, discharging their reporting responsibilities provided that the health system registry reports those cases to OSCaR according to the requirements for health care facilities.

It seemed logical that the cancer reporting for ASC and CTC would be set up a little differently than hospital reporters. To ease the burden of paper reporting, OSCaR is shifting to electronic only reporting and has

collaborated with the Centers for Disease Control (CDC) to customize an Oregon version of the *Abstract Plus* cancer reporting software. This software is free to non-hospital cancer reporters and is designed to capture minimal information necessary for required cancer cases. OSCaR started an outreach and education campaign for the (96) Oregon-licensed ASC and CTC in Fall 2018. In the early 2019 OSCaR piloted this software with (3) volunteer sites. With ongoing CDC support and pilot-site feedback we have been onboarding Ambulatory Surgery Centers and Cancer Treatment Centers to report using this software since July 2019. OSCaR has onboarded 15 ASCs with 5 additional sites pending a scheduled webinar in December 2019. To-date there are (2) ASC that are electronically submitting their cancer incidence data to OSCaR partially abstracted using *Abstract Plus* software and submitted via the Web Plus online portal. Once the cases are submitted to OSCaR, a cancer registry abstractor needs to complete the required NAACCR/NPCR fields and make sure the cases pass Edits. Electronic reporting outreach, onboarding and technical assistance activities are ongoing at OSCaR.

Finally, OSCaR has some wonderful surprises to share about this complex project:

- Although we only have 2 ASCs in active submissions status, we have 3 medical provider offices that have onboarded and are actively submitting their data also. Two of these sites piloted *Abstract Plus* with us and one is a larger dermatology clinic in the Bend area!

- We have learned of 6 ASCs that have successful and well-established reporting relationships with hospital tumor registries.

- Earlier this year we were working with a group of 4 large medical practice offices streamlining their incidence reporting. I had been talking to one of the practice administrators about *Abstract Plus* but, they were affiliated with a healthcare system and were understandably cautious about using an unknown software to process and release their patient data. I had hoped that by introducing the practice administrator to the tumor registry administrator of her healthcare system that some of the security concerns could be alleviated. It turns out that many of the medical practice cases were either already being reported by that registry or could easily be added saving the practice employees much time and worry. Not all stories end like this but, the best ones sure do.

Perspective Fall Workshop 2019 (Whit Watkins)

As a Cancer Data Specialist employed by the Oregon State Cancer Registry (OSCaR), I had an opportunity to attend the OSCaR Day (October 17th) at the annual OSCaR/OCRA Fall Workshop this year. This was my first opportunity to attend the Fall Workshop, and I appreciated the opportunity to meet and network with colleagues in the cancer registry field. I came away impressed with the number of professionals attending the meeting (and throughout Oregon) working within the cancer field, as well a new awareness of the growth and flexibility offered by the profession. The ability to join the profession at different career stages as well as the ability to potentially work off-site are attractive to those considering the profession.

I found the presentation by Kameny Chan of OSCaR regarding the importance of quality and complete data most insightful. The presentation highlighted the importance of utilizing quality information to generate accurate research data to inform the public and cancer industry regarding cancer incidence, mortality, and epidemiological trends. Two of the subjects that I found interesting were the importance of race and ethnicity data, and the role of geocoding to track cancer incidence to specific neighborhoods. Both geocoding and accurate race coding are critical for quality cancer research and reporting, and ultimately improving clinical cancer outcomes.

Sequence numbers on case submissions (Deborah Towell)

The OSCaR database now has over 571,000 cases in it. Whenever a case is added to the database with a sequence number greater than 00 or 60 it creates a report of those incoming cases and the QA team must look up each case that shows up on the multiple sequence report to ensure that all previously submitted cases for the same patient have the correct sequencing of their cancers. This is also the time where we update the seq 00's and 60's if a second primary is submitted.

When a case is a submitted with a sequence number of **01** or a **61** please document in the abstract why you are submitting as a seq **01** or seq **61**. i.e. document "seq 02 synchronous lung ca" or "seq 62 benign brain tumor".

Please document all sequence number information in either the **Text-Remarks field** or **Text-PE field** if you are submitting a sequence number greater than 00 or 60.

Coding Tips: Source for Coding Histology – Solid Tumors 2018 forward (Linda Shan)

Priority order:

1) **2018 Solid Tumor Rules -** The Solid Tumor coding rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules for the following sites **ONLY**:

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

https://seer.cancer.gov/tools/solidtumor/

2) **ICD-O-3 Updates**
The 2018 ICD-O-3 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3 effective for cases diagnosed 1/1/2018 forward. 114 new terms added to existing codes in ICD-O-3 for beginning with cases diagnosed on or after January 1, 2018. For 2018, 19 new behavior codes and terms have been added to codes currently in ICD-O-3.
https://www.naaccr.org/implementation-guidelines/#ICDO3

ICD-O-3 codes, behaviors and terms are site-specific Alpha Order:
https://www.naaccr.org/wp-content/uploads/2018/08/Updated-8-22-18-ICD-O-3-alpha-table.pdf

3) **ICD-O-3 Manual**
4) **SEER SINQ**
This website is a collection of questions that cancer registrars have had while coding cancer cases. The questions are answered by expert staff and go through a review process by the NCI SEER staff and selected SEER registry staff before being added to SINQ.

https://seer.cancer.gov/seerinquiry/index.php

Q&I Presentation Fall Workshop*Note: Slides attached below   Submitted by: Shelley Lindsey

QUICK QUALITY REVIEW OF NON SITE-SPECIFIC DATA ITEMS FOR SPREADSHEETS

NON-SPECIFIC DATA ITEMS

Class of Case, Date of Dx, Date First Seen, Referred From / Referred To

Class of Case	Date of Dx / Date of First Contact	Referred From	Referred To
WHEN THIS EQUALS	THIS SHOULD BE	THIS SHOULD BE	THIS SHOULD BE
00	Same	0000000000	Location
10*	Same	0000000000	0000000000
11	Different	0006200000	Applicable Location Depending on Sequence of Treatment
12	Different	0006200000	0000000000
13	Same	0000000000	Location
14	Same	0000000000	0000000000
20*	Different	Applicable Location Depending on Sequence of Treatment	Applicable Location Depending on Sequence of Treatment
21	Different	Applicable Location Depending on Sequence of Treatment	Applicable Location Depending on Sequence of Treatment
22	Different	Applicable Location Depending on Sequence of Treatment	Applicable Location Depending on Sequence of Treatment

*Class of Case 10 and 20 are NOS codes and should be reviewed to determine if a more specific code is assignable.

PROCESS: IN EXCEL, ALIGN SPREADSHEET IN COLUMN ORDER. SORT LIST BY CLASS OF CASE. You can also sort by Date of Diagnosis as primary and Date of First Contact as secondary for easy review.

Summary of Lymph Node Surgery, Lymph Nodes Examined

Summary of Lymph Node Surgery STORE pg. 248-254.	Number of Lymph Nodes Examined STORE pg. 167-169
WHEN THIS EQUALS	THIS SHOULD BE
0 - No regional lymph node surgery.	00 No nodes were examined.
1 - Biopsy or aspiration of regional lymph nodes.	95 Aspiration of regional lymph node (See rules if Bx NOS, STORE pg. 250)
2 - Sentinel lymph node biopsy.	Total number of SLNs for ANY site (This field is not limited to breast or melanoma cases).
3 - Number of lymph nodes removed unknown or not stated.	96, 97 or 99
4 – 1 to 3 regional lymph nodes removed.	01-03 and ALWAYS <4.
5 - 4 or more regional lymph nodes removed.	04 or more.

PROCESS: IN EXCEL, ALIGN COLUMNS SIDE BY SIDE, SORT SUMMARY OF LYMPH NODE SURGERY NUMERICALLY, REVIEW NODES EXAMINED.

Shelley's slides embedded below – thank you so much Shelly!!

Providence Cancer
Registrar's System Wi

COOS BAY HOSPITAL to host our 2021 Fall Workshop!!

Below is a list of Fall Workshop hosts by year for reference. Remember, the Fall Workshop is an important event where OCRA continues to provide educational opportunities to our cancer registry community. It's also a great way for us to get to know one another and network with others in the cancer registry field.

List of Fall Workshop hosts:

2008 Providence – Portland

2009 OHSU – Portland

2010 Kaiser – Portland

2011 Asante – Medford

2012 Legacy – Portland

2013 Salem – Salem

2014 Sky Lakes – Klamath Falls

2015 OHSU – Portland

2016 St Charles – Bend

2017 Asante – Medford

2018 PeaceHealth – Springfield

2019 Providence – Oregon City

Other News/Announcements

Please note: due to the Regional Conference being held in August 2020 **there will not be a 2020 OCRA/OSCaR Fall Workshop**. A business meeting will be held incorporated with officer installation for OCRA members.

August 12-14, 2020   **Providence St. Joseph Health, OCRA and WSTRA**

Save the Date

2020 West Coast Regional Conference

Embassy Suites Portland Airport

7900 NE 82nd Ave, Portland, OR 97220

503-460-3000

*** 8/20/2019 RESERVATIONS CAN NOW BE MADE-SEE NEST PAGE FOR LINK***

For more information, contact:
Mayra.llamas@providence.org PH: 818 847-3839
Martha.curl@providence.org   CELL: 503-537-6729 OR HOME: 541-466-0957

These are the three ways for guests to make their reservations:

1. Individuals are welcome to book directly online by clicking:
   https://embassysuites.hilton.com/en/es/groups/personalized/P/PDXESES-PRO-20200811/index.jhtml?WT.mc_id=POG

2. By phone, your attendees may call toll free at **1-800-774-1500,** 24 hours a day, and refer to the Group name: **Providence West Coast Regional Conference**

3. You may make reservations through our website at **www.hilton.com** and enter your Group Block Code: **PRO**

   Your reservation due date is: **July 12th, 2020** all reservations should be made before this date for the group rate.

Hotel information:

- **Price $ 215.00 single/double**
  - Rate includes: 2 room suites
  - Fully cooked-to-order breakfast
  - Nightly evening reception (beer, wine, cocktails and snacks)
  - Rates guaranteed through July 12, 2020 but don't delay
- Room rate is guaranteed for 3 days before and after conference
- Overnight self-parking $15.00
- Parking for day use only $5.00. Note: if you leave and come back that is an additional $5. Limit one $5 parking per day.
- Complimentary airport shuttle 24 hours to and from hotel.
- Within walking distance to a MAX light rail stop.
- Cascade Station with 800,000 sq ft. of retail and restaurant space within walking distance.

SEER Cancer Registrar Training available on the website

Becoming a Cancer Registry Professional

Frequently asked questions and resources on becoming a CTR.
SEER's Training Web Site: Web-based training modules for cancer registration and surveillance.
SEER*Educate Online training platform for cancer registry professionals.
SEER Self Instructional Manuals for Cancer Registrars A collection of instructional manuals in PDF
format.
SEER Advanced Topics for Registry Professionals 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

NCRA has some FREE presentations covering the 2018 SEER Solid Tumor Rules (General Instructions,
Colon, Lung, Breast) here: http://www.cancerregistryeducation.org/SEER

Have questions?? You might find answers in the forums below:
CAnswer forum: http://cancerbulletin.facs.org/forums/

An interactive virtual Bulletin Board for Commission on Cancer constituents to ask questions, search
topics, and connect with the latest CoC activities.

Ask aSEER Registrar: https://seer.cancer.gov/registrars/contact.html

For anyone to use. Questions are answered by NCI SEER staff. Questions are usually answered in a
week, sometimes within a day.

SEERSINQ: https://seer.cancer.gov/seerinquiry/index.php

Questions can only by submitted by designated registrars in SEER registries. Once an answer is final, it is available to everyone via the SINQ database on the SEER website.

SEER Advanced Topics for Registry Professionals: Past Workshops

The recorded sessions from the 2019 SEER Advanced Topics for Registry Professionals workshop is now available on NCRA's Cancer Registry Education website. Click on the link below (or copy into your browser) to find the recorded sessions on the SEER training page. Scroll down the page to the SEER Archived Sessions section and the workshop is the first product listed. You will need to add this to your cart and check out (no payment required) to view the recorded sessions. You will be required to sign in, so if you don't have an account established you will need to create an account to view the recordings. The recorded sessions will load into My Learning Activities (menu tab on website) and you can view immediately or go back to view at any time. If you have problems logging into the system, please contact NCRA's membership department at info@ncra-usa.org or 703-299-6640 ext. 310.

Instructions:

1. Go to www.cancerregistryeducation.org/SEER (Make sure you are using Chrome or Firefox)

2. Login using your NCRA login

3. Find "2019 Workshop: SEER Advanced Topics for Registry Professionals" activity and click "Add to Cart" button.

The activity will automatically load into the "My Learning Activities" page on the website. You can access the activity at any time by going to the "My Learning Activities" page.

CTR Question & Answer Support

CoC clarifies 2020 standard on cancer registry staff education

At last week's Commission on Cancer (CoC) webinar and workshop on the new accreditation standards, several questions were generated regarding removal of the commendation rating for registrar attendance at a national or regional meeting. We wanted to take the opportunity to clarify the CoC's position relative to this change.

Standards 4.1, 4.2 and 4.3 provide equal emphasis on the need for continuing education for physicians, nurses and cancer registrars. Documentation of certification in their fields demonstrates that each professional has achieved a high level of ongoing continuing education according to the requirements of the respective certifying body.

The American College of Surgeons (ACS) accreditation/verification program alignment effort requires that all program standards are weighted equally and focus on achieving a high level of continuous quality improvement. This resulted in removal of commendation criteria for the CoC accreditation program. Although no longer a commendation, the emphasis on in-person education was retained in the new standard. Standard 4.3 specifically states, "It is encouraged that Certified Tumor Registrars (CTRs) attend in-person education at a state, regional and national level."

Additionally, there are increased opportunities for online educational offerings that offer CE credits. The CoC will be expanding its online offerings in 2020 and encourages the National Cancer Registrars Association to do the same in support of its members.

Cancer registrars are the backbone of accredited cancer programs because they play a critical role in supporting and facilitating the CoC accreditation process. **It is important that Cancer Committee Chairs, Cancer Liaison Physicians and Cancer Program Administrators advocate for and provide the time and financial support for cancer registrars to participate in continuing education opportunities so that they can enhance their expertise and maintain their credentials.**

2019 Photos from an Amazing OCRA Fall Workshop!
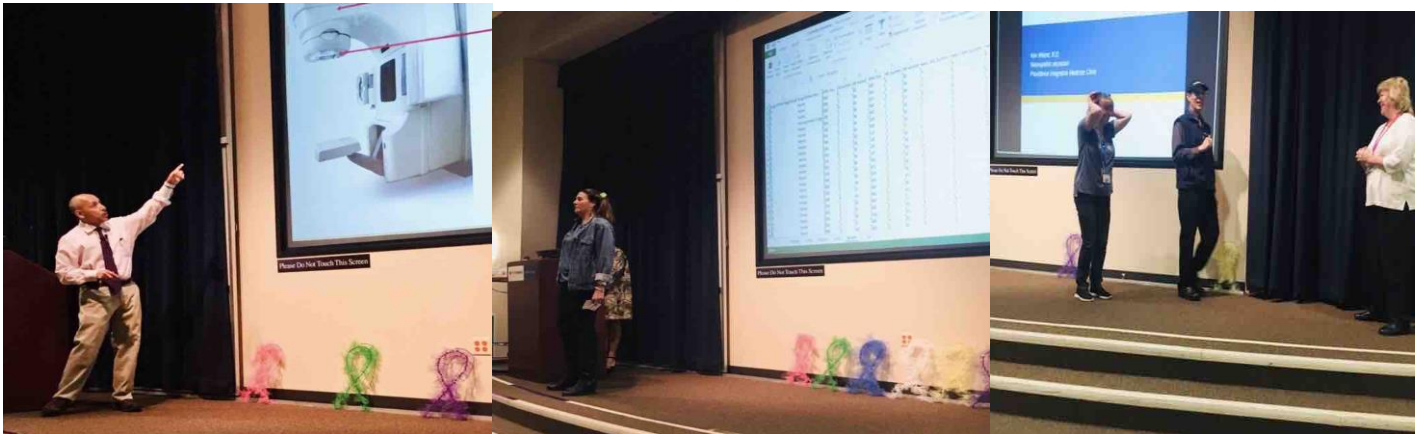
Calendar of Cancer Awareness Months

January
Cervical Cancer Awareness

February
National Cancer Prevention Month
Gallbladder and Bile Duct Cancer Awareness

March
Colorectal Cancer Awareness
Kidney Cancer Awareness
Multiple Myeloma Awareness

April
Testicular Cancer Awareness
Esophageal Cancer Awareness
Head and Neck Cancer Awareness

May
Melanoma and Skin Cancer Awareness
Brain Cancer Awareness
Bladder Cancer Awareness

June
National Cancer Survivor Month

July
Sarcoma Awareness

August

September
Childhood Cancer
Gynecological Cancer
Leukemia/Lymphoma
Ovarian Cancer
Prostate Cancer
Thyroid Cancer Awareness

October
Breast Cancer Awareness
Liver Cancer Awareness

November
Pancreatic Cancer
Lung Cancer
Stomach Cancer
Carcinoid Cancer Awareness
Caregivers Month

December

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SUPPORTING CANCER RESEARCH.
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www.choosehope.com

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Cancer Awareness

Message from the Newsletter Editor   Laura Wallace

Please **email any updates or educational information for the 2020 Spring Edition OCRA Newsletter to:** **wallacel@ohsu.edu** - I welcome any suggestions you may have.