Oregon State Cancer Registry Association   **Winter Edition – January 2019**

Presidents Message

Happy New Year! I am honored to have the privilege of serving as the President of OCRA for 2019. Over the past few years, I have been fortunate to meet many of our members at the annual Fall Workshops. I have seen the passion and commitment that each member has for our profession. We all want to make a difference and strive to make the lives of others better through our work. I am very proud to be part of such a great organization.

Throughout this year I will be seeking your input on various aspects of this organization. We are only as strong as our members and your active participation is essential. Keep an eye out for surveys and requests for contributions to our newsletters. For the continued health of our organization, be prepared to submit nominations for next year's leaders. I hope each of you will consider and be willing to run for elections and/or serve on one of our committees.

I am excited as we look forward to our future. We have many exciting opportunities and challenges ahead. I hope to continue the quality education and collaboration we enjoy through OCRA. I am excited to work with our education committee on another super Fall Workshop in October. As you all are aware, we live in a fast-paced and ever-changing environment. We must constantly strive for improvements, ways to make our organization more efficient and to better serve our membership. Our website is evidence of such improvements. This year, the executive committee team will participate in a one-year pilot program of Google Suite. If you attended the Fall Workshop, you have already seen one of the benefits of this when we were able to share workshop related documents with everyone from Google Drive. This year, we will expand our use of the Google Suite features and embark on a journey to create continuity during leadership transitions through collaboration and communication. We will strive to reduce expenses using free services and maintain our organization's financial strength.

Thank you all for the monumental job you are doing. Thank you to all of you that have given and continue to give your time and energy to support OCRA. Please contact me or any member of the executive committee with suggestions. I look forward to hearing from each of you. I am blessed to have the opportunity to serve as President and truly appreciate your support.

Ron Lamie
2019 OCRA President

"To accomplish great things, we must not only act, but also dream, not only plan, but also believe" -Anatole France

OSCaR Updates (December 2018) Linda Shan – Quality Assurance and Training Coordinator

- OSCaR submitted a total of 454,875 Oregon only cases to both NAACCR and NPCR-CDC. We had a total of 22,800 cases for 2016. Please contact anyone here at OSCaR if you have any questions.

- OSCaR has been working on increasing cancer reporting with our non-hospital facilities. At the beginning of the new year we will be piloting Abstract Plus, a CDC software, with a few designated Ambulatory Surgery Centers and Cancer Treatment Centers to increase electronic cancer reporting.

- Has your registry converted to Version 18? Well, if you have you will **not** be able to upload cases to WebPlus quite yet. It <u>cannot</u> accept your submissions in V18 since it is still in V16. CDC has not released the V18 update for WebPlus yet.

We were one of the first states to do testing with a V18 CDC software late last week and it was discovered that WebPlus could not upload NAACCR V18 submissions while it is still in V16. Submitting in non-NAACCR format doesn't run edits so please do not choose that option.

We will keep everyone posted regarding progress on WebPlus updates via the OSCaR ListServ.

We would like to encourage all facilities that have not converted yet to send in their 2017 and prior cases before conversion so that we can continue to receive cases.

- **OSCaR will <u>not</u> be collecting AJCC 8th edition TNM as advised by CDC-NPCR.**
  - You will be required to report on SEER Summary Stage.
  - This means you will not be receiving feedback on TNM 8th edition from OSCaR.

SEER SINQ Q&A Moment:

Question: (20180070)
Solid Tumor Rules (2018)/Histology--Lung: The Histology coding guidelines for lung cancer state to code histology when stated as type or subtype but not to code when described as pattern. How should the histology be coded (Adeno, NOS or Adeno, Mixed subtypes) if the College of American Pathologists Protocol of the pathology report lists the following: Histologic type: Adenocarcinoma, papillary (90%), lepidic (8%), and solid (2%) patterns?
Answer:
The term/modifier "patterns" is no longer allowed to code a specific histology according to the Lung Solid Tumor H rules. Disregard the papillary, lepidic, and solid patterns and code histology to adenocarcinoma, NOS (8140/3).

SEER* Educate-Learning Opportunities

Do You Need CEs? SSDI 2018 Coding Exercises are now available in SEER*Educate!

Site Specific Data Items (SSDI) replaced the Collaborative Stage Site Specific Factors effective with cases diagnosed 1/1/2018. SEER*Educate has made 85 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

OSCaR A Short Story about Death Clearance

As many Certified Tumor Registrars around the state of Oregon know, OSCaR works through a casefinding process each year called Death Clearance. OSCaR links its main database with the Center for Health Statistics' (CHS) Vital Records database. In addition to updating the vital status of patients in the OSCaR database, we look for patients whose cancer was never reported to us.

Each Death Clearance process starts out the same. OSCaR gets notice that CHS has finalized its death year. This means a calendar year of death data has been finalized. OSCaR gets a copy of the CHS file and links it with OSCaR's database file. This Death Match linkage results in matches, non-matches and possible matches. OSCaR Research Analysts review the possible matches to determine whether these patients are in fact matches. After the list of matched records are identified, OSCaR staff run the Death Match program within the OSCaR database which updates vital status and cause of death (COD) for matched records.

The remaining unmatched records with COD or underlying COD of cancer and have never been reported to OSCaR are considered Death Clearance Only (DCO) cases – i.e. the only source of information for those records are from death records. These records serve as the source of the Death Clearance casefinding process.

For the Death Clearance casefinding process, each DCO must be followed-back to a clinical source to change the case from DCO status. To do so, three pieces of information must be gathered: the date of diagnosis, confirmation of the primary site and whether the patient was a resident of Oregon.

The death certificate provides clues for who to contact for clinical follow-back. Death certificates are legal documents, and most are certified by a physician or medical provider. Some death certificates list medical facility as the place of death. The death certificate may also list the patient's residence which provides state of residence.

The deceased are sorted several ways to make follow-back decisions. Patients are sorted based on place of death, and they are sorted based on medical license number of the provider who certified their death certificate. Historically, OSCaR's Death Clearance follow-back process has generally started with hospital tumor registries due to a common understanding of the casefinding processes. Once facility associated patients have been addressed, OSCaR staff contact providers with large numbers of patients.

Over the last five years, OSCaR staff have seen a trend in the Death Clearance casefinding process. More patients are dying at a hospice facility or the provider who certified their death certificate is a hospice physician. For the 2016 DCO cases in need of follow-back, only 270 patients were listed as deceased in a healthcare facility that reports to OSCaR, while 475 patients were listed as deceased at a hospice or long-term care facility. Additionally, of those 475 hospice or long-term care facility, 20 providers had 10 or more unreported patients, 4 providers had 20 or more unreported patients, and one provider had 38 unreported patients.

This presents an issue. While hospital tumor registries understand when OSCaR contacts them with questions about 2-years-old cases, medical provider offices, particularly hospice physicians and providers, do not understand why they are being contacted. OSCaR staff are usually told that medical records are not available, or the medical history is unknown, and that the patient's primary care physician (PCP) should be contacted. Outside of hospital tumor registries, there is little understanding about casefinding using information from single sources. Since these patients were never reported, OSCaR only knows who certified the death certificate. The PCP is a mystery – hence the need to contact the hospice physicians and providers. Often the process fails to provide the necessary information.

As the trend indicates, OSCaR expects an increased need for Death Clearance follow-back with hospice facilities. This presents a process improvement opportunity for OSCaR staff to raise awareness and increase reporting from physicians and providers within these facilities. As always, the end goal is to improve the quality of the data with the OSCaR database.

Coding Tips- SEER Solid Tumor Manual
2018 Breast Changes (effective with breast cases diagnosed 1/1/2018 and later)

- ✓ **NST (N**o **S**pecial **T**ype**), mammary carcinoma NST, and carcinoma NST** are the new terms for duct or ductal carcinoma.

- ✓ **Mammary carcinoma** is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) **8500.** It will **no longe**r be coded as carcinoma NOS **8010.**

- ✓ **DCIS/Carcinoma NST in situ** has a major classification change.
  - A. Subtypes/variant, architecture, pattern, and features **ARE NOT CODED**. The majority of in situ tumors will be coded to DCIS 8500/2.
  - B. It is very important to code the grade of all DCIS.
    - i. Code grade as designated in current AJCC Manual, SEER Coding Manual, and COC Coding Manual.
    - ii. The current breast **WHO** edition emphasizes coding the **grade** of tumor rather than the **subtype/variant**.
    - iii. The WHO editions are used internationally by pathologists to keep their nomenclature and histology identification current.
    - iv. Over time, **subtypes/variants** will be diagnosed **less frequently.**

- ✓ **Rule M8 Breast Multiple Primary Rules:** Abstract multiple primaries when the patient has a subsequent tumor after being clinically disease-free for greater than five years after the original diagnosis *or last recurrence.*
Note 1: The rules are hierarchical. This rule **only** applies when there is a **subsequent breast tumor.**
Note 2: **Clinically** disease-free means that there was **no evidence** of recurrence on follow-up.
  - • Mammograms are NED
  - • Scans are NED
  - • Tumor biomarkers are NED
Note 3: When there is a recurrence less than or equal to five years of diagnosis, the **"clock"** starts over. The time interval is calculated from the **date of last recurrence.** In other

words, the patient must have been disease-free for greater than five years from the date of the last recurrence.

Note 4: When it is **unknown/not documented** whether the patient had a recurrence, use **date of diagnosis** to compute the time interval.

Note 5: The physician may state this is a **recurrence,** meaning the patient had a previous breast tumor and now has another breast tumor. **Follow the rules;** do not attempt to interpret the physician's statement.

✓ Reminder to refer to Table 1 for coding Primary site codes, referring to the terms and descriptive language.

✓ Also use Table 2 for coding histology combination codes. Always make sure to read through the instruction and notes for more of a detailed understanding.

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

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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⤢

OCRA 2019 Fall Meeting   Save the Date!   Save the Date!

Hosted by OCRA & OSCaR   October 16th -18th, 2019
Providence Willamette Falls Community Center - Oregon City, OR
More details to follow summer of 2019
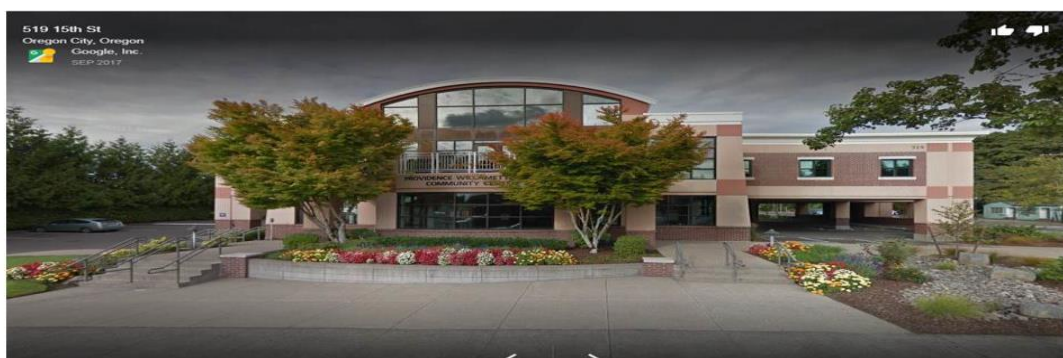
NCRA's 45th Annual Educational Conference   Save the Date!   Save the Date!

The NCRA Education Conference, organized by the National Cancer Registrars Association will take place from **May 19 – 22, 2019 at the Sheraton Denver Downtown Hotel in Denver, United States Of America**. The conference will cover areas like information specialists that capture a complete history, diagnosis, treatment, and health status for every cancer patient in the U.S. The data provides essential information to researchers, healthcare providers, and public health.

NCRA: CELEBRATING ITS 45th ANNIVERSARY IN 2019

In honor of its 45th anniversary, NCRA's 2019 Program Committee has planned a special program to honor how cancer surveillance and the cancer registries have evolved over the past 45 years. Each day will feature a keynote address. On Monday, Dr. Ted Williamson will focus on the *Evolution of Cancer and Cancer Care*; Dr. Otis Brawley will highlight the *Evolution of the Standards of Care and Survivorship* on Tuesday; and on the final day, a team will present a keynote on how Cedars-Sinai Medical Center used oncology analytics provided by the cancer registry to advance and improve cancer care. Another special feature of this year's program are three symposia — hospital, central, and management/professional development — offered on the last day. The symposium format will provide opportunities for more interactive learning. Facilitators will help manage the day and moderate discussions.

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).

Coding Tips

SSDI manual - Allred Score Evaluation - The two tables below are separate tables – do not read them across. The tables have been separated below to make sense visually from how they are displayed in the manual (reads like one table).

Proportion Score	Positive Cells, %
0	0
1	<1
2	1 to 10
3	11 to 33
4	34 to 66
5	≥67

Intensity	Intensity Score
None	**0**
Weak	**1**
Intermediate/Moderate	**2**
Strong	**3**

Webinar: https://register.gotowebinar.com/register/297766833893419778

Slides: https://cancerstaging.org/CSE/Registrar/Documents/8th%20Edition%20-%20Breast%20Staging.pdf

Other News/Announcements

2018 Distinguished Member Award goes to Vicki Shindler! Vicki has been in the registry field for many years, she has been a long time member of NCRA and OCRA, she has served on multiple committees multiple times. She has also served as our Treasurer for multiple years. Vicki also spent countless hours working on OCRA's status with the IRS, taxes and 501c3 status. She has also been a leader and a mentor to many registrars.

Vicki's work and commitment has been above and beyond for our association and this is why she is so deserving of receiving the Distinguished Member Award. Thank you Vicki for your professionalism, your outstanding expertise and your continued dedication to OCRA - you have been a gift to our field. Unfortunately for all of us, Vicki has officially retired!

CTR Update
<div align="right">

December 2018
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CTR Exam 2018

Congratulations to the **381** candidates who passed the CTR Exam and earned the CTR credential this year.

2019 CTR Exam Dates

The CTR exam will be offered during these three testing windows in 2019:

March 1 - March 23
Application deadline: January 31, 2019

June 21 - July 13
Application deadline: May 31, 2019

October 11 - November 2
Application deadline: September 13, 2019

35th Anniversary

The CTR credential marked a milestone in 2018...its 35th anniversary!
The very first exam was on **March 12**, 1983; the first day 2018's exam was offered was also on **March 12**.

Marketing the CTR Credential

Download the updated Fact Sheet on how to promote your CTR credential and demonstrate the value of the CTR credential.

Do you want to attend NCRA in Denver on a scholarship?
Here is your chance. All you need to do is write an essay on: What are you doing to navigate the mountains of change in 2018? Make sure to detail the impacts on your role as a cancer registrar and the quality of the data. See details below:

NCRA staff member who passed away in February 2004 from cancer. Danielle was a new RHIT professional who was preparing to take her CTR exam. Purpose: Provide financial support to NCRA member(s) with no available funding to attend NCRA's Annual Educational Conference. NCRA 2019 is May 19-22, 2019, in Denver, CO. Award: Scholarship includes conference registration fee, airfare (up to $600), and hotel for three nights. The number of applicants selected to receive scholarships is determined by the funds available. (The scholarship is funded each year by individual donations, speakers' returned honoraria, and the annual state basket raffle.) Scholarship recipients are not eligible to apply again for five years.

Eligibility Requirements: • Active current NCRA member for at least one year AND during the year in which the scholarship is awarded. • Associate, Inactive, Sustaining, Student, and International members are not eligible. • Members of the NCRA Board of Directors or of the Governance Planning and Evaluation Committee (GPEC) are not eligible. • Only one person from each institution may apply. (If more than one person wishes to apply, the institution must decide which application to submit.)

Process: Applicants must complete this application form and submit a 500- to 750-word essay on the 2019 topic. 2019 Essay Topic What are you doing to navigate the mountains of change in 2018? Make sure to detail the impacts on your role as a cancer registrar and the quality of the data. Criteria: The essay will be scored by NCRA's Governance Planning and Evaluation Committee using the following criteria: • Adherence to the topic • Use of original ideas and/or concepts • Coherence and completeness (If application information is missing or unclear, no points will be awarded in this category.) • Compliance with the format (see below) • Additional points may be awarded by the GPEC, if the applicant 1.) Participates in NCRA and/or state/local cancer registrar associations and 2.) Has never attended an NCRA Annual Educational Conference.

Danielle Chufar Memorial Annual Conference Scholarship 2019 Application Due: Thursday, February 21, 2019 2 Format: • MS Word Format (.doc or .docx). DO NOT send the essay as a PDF file. • Page header that includes title of essay and name of applicant. (If more than one page, header needs to be displayed on each page.) • Line spacing set at 1.5 • If more than one page, include page numbers.

Applicant name: _____ Institution: _____

Mailing address: _____ City: _____ State: _____ Zip code: _____

Work phone number: _____ E-mail: _____

Years of registry experience: _____ Years of NCRA membership: _____

The last year you attended an NCRA Annual Conference: _____ ☐ Never attended

List your cancer registry professional involvement, including NCRA or state/local cancer registrar association participation. Include positions and list activities. Use additional page if needed.

E-mail the completed application and essay to: Peggy Meehan at pmeehan@ncra-usa.org by Thursday, February 21, 2019. The essay must be submitted as a Word Document; do NOT send a PDF file of the essay. Please put "Danielle Chufar Scholarship" in the subject line of your e-mail; this will ensure your application is received. Please do NOT mail or fax your application/essay. Questions? E-mail Peggy Meehan at pmeehan@ncra-usa.org Deadline: Thursday, February 21, 2019

Any current OCRA members, who are CTR's, willing to do contracting work, send your contact information including your name, phone number and your email to the secretary, Veronica Redd, at vredd@lhs.org. Submissions must be received no later than January 31ˢᵗ to be included on the contractor list for 2019.

I just want to send a quick note of thanks to OCRA for the scholarship/reimbursement for my CTR exam. I appreciate the amount of support available to new CTRs with encouragement, teaching, and this generous scholarship. Thank you!
Wendy Williams, RHIT, CTR   Cancer Registry | Asante Rogue Regional Medical Center

OCRA 2018 President Message

Dear Members –

Wow! Wow! Wow! These are the words that come to mind when thinking of this year's Fall Workshop. Amazing job well done by Ron Lamie and the Education Committee which provided much needed 2018 education. Again, I would like to reiterate how fortunate we are as members to be a part of an Association that can provide services at a minimal cost and I would encourage each of you to recruit and share the benefits of being an OCRA member. That being said, please continue to keep your membership current as there may be changes coming in 2019 that we will no longer be accepting late membership from past members as an OCRA member to attend Fall Workshops at the member price.

I wanted to share with you the year of your OCRA Executive Team. We started out the year with the change and success in our tax status to a 501(c)3 non-profit status. There were a few hiccups starting with the delay in receiving the Governors Proclamation with changes made in this process to be more successful for this year. We also had the unfortunate resignation of our Education Chair and resignation of our Nominating Committee chair due to personal reasons outside their control. Ron Lamie and Sacred Heart stepped up and took on this challenge of hosting the Fall Workshop. Vicki Shindler took on the Nominating Committee Chair process. In addition, there were a few challenges with the Nominating process this year and Vicki successfully made changes in this process for a better year ahead as well. OCRA with the assistance of Martha Curl and the Providence Health System participated in a successful first ever Tri-State Regional Meeting. We introduced and approved implementation of a 2 year rotation for holding office of the Secretary and Treasurer to streamline business. As President, I was able to meet with other State Presidents at the NCRA regional meeting as well as President, I was able to speak with COC Dr. Greene at the Tri-State Regional meeting and share Registrar concerns. We introduced and

approved a yearly April Fritz memorial education award. Lastly, we will be moving forward for the following year on a trial basis conducting Executive Committee business using Google Suites spearheaded by Ron Lamie and the successful use of this during the Fall Workshop. So needless to say, we have had some challenges but have learned and grown and I believe we have made great stride in the future of OCRA. We have a great experienced 2019 Executive Team of Ron Lamie, President; Veronica Redd, Secretary; Martha Curl, Treasurer; and Debra Towell as President Elect and I thank each for them for their support and work this past year and look forward to their leadership for 2019.

Besides the great work and many hours of volunteerism by the EC members, I have had some wonderful members step us this year and volunteer their time to OCRA as well. It takes a village. There are so many to thank and if I forgot you, I apologize. I would like to thank Laura Wallace as Newsletter Editor who has done a tremendous job and has volunteered to take on another year, Kathy Mayer for continuing to be our Historian, Janice McDaniel who stepped up to volunteer as Audit Committee Chair, Deb Towell continued Bylaws Chair, Linda Shan for minute coverage during general business meeting and of course our Webmasters, Carol Funk and Vicki Shindler.

I want to again congratulate Vicki Shindler on receiving the nominated Distinguished Member Award. I personally have had the pleasure of working with Vicki over the years on OCRA issues and have relied on her knowledge, honesty and support. She continues to be a very dedicated and valuable source to our membership.

Lastly, I would like to say despite some challenges this year it has been an honor to serve as your President for 2018. Thank you to Amanda Foster my manager, my co-workers and Asante for allowing me the time, support and encouragement to serve. I would encourage each of you to consider volunteering your services to this sound and great organization. You can make a difference.

Jennifer Johnson, CTR
OCRA 2018 President

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