

Oregon State Cancer Registry Association

Fall – October 2020



President's Message Fall 2020

Wow, I cannot believe we are in October already. I feel like I have been in limbo most of the year and often times cannot even remember what day of the week it is! 😊 I hope I'm not the only one with this problem. Three quarters of the year is gone and with just a couple months left, I wanted to let you know that the Executive Committee has still been meeting every other month. We will have some suggested changes to the OCRA By-Laws for your approval and those will be sent out soon for the membership to review. We will be scheduling a virtual general membership meeting so please be on the lookout for that meeting news and invitation. We will need to have the majority of members in attendance for voting on suggested changes to the By-Laws. I hope most of you were able to attend the virtual NCRA and SEER Workshop Conferences. It was hard for me to take it all in and will plan on watching/reviewing some of the presentations later. A lot of information was shared and the SEER Workshop gave me some ideas to discuss focused quality assurance activities with the OSCaR QA team.

If you have any thoughts or concerns regarding OCRA or even OSCaR since I wear two hats, please contact me. I always appreciate your input!

Deb

Deborah Towell, CTR
2020 OCRA President



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OSCaR Updates – September 2020**Linda Shan**

If you are interested in receiving the emails for the NAACCR Cancer Registry & Surveillance Webinar Series you will need to email **Linda.Y.Shan@state.or.us** to signup.

The new NAACCR Educational Cancer Registry & Surveillance Webinar Series starts October 2020 and the following is the scheduled webinars offered for the 2020/2021 season:

- o Prostate 2020 10/01/20
- o Lung 2020 11/05/20
- o Thyroid 2020 12/03/20
- o Treatment 2021 1/07/21
- o Lymphoma 2021 2/4/21
- o Abstracting and Coding Boot Camp 2021 3/04/21
- o Larynx 2021 4/01/21
- o Pancreas, 2021 5/06/21
- o Kidney 2021 6/17/21
- o Quality in CoC Accreditation 7/08/21
- o Breast 2021 8/05/21
- o Coding Pitfalls 2021 9/02/21

OSCaR is gearing up for the Call for Data Season. You may hear from OSCaR regarding case count numbers based on the previous three-year submissions and possible missing cases or low case counts. We are focusing on 2018 cases.

SEER SINQ Q&A Moment

Question: 20200021

Solid Tumor Rules/Histology--Head & Neck: What is the histology of human papillomavirus (HPV)--associated multiphenotypic carcinoma? See Discussion.

Discussion:

Histologic Type: HPV-associated multiphenotypic carcinoma. Overall, the morphology, immunohistochemistry, and HPV testing results support the diagnosis of an HPV-related multiphenotypic carcinoma. This entity has been described in the sinonasal region, where it behaves more indolently than its other salivary gland carcinoma counterparts (e.g., adenoid cystic carcinoma), with local recurrence but rare metastases.

Answer:

Assign code 8072/3 for HPV-associated multiphenotypic carcinoma. WHO Classification of Head and Neck Tumors, 4th edition, lists sinonasal tract HPV-related carcinoma with adenoid cystic-like features as a subtype of non-keratinizing squamous cell carcinoma (NKSCC). Use text fields to record the details.

Recent question sent to SEER I&R Re: Solid Tumor Rules for cases diagnosed 2018+:

OSCaR QA Team

2019 Left renal pelvis 8120/3; I'm confused about multiple primaries in the urinary system. I have a patient who had urinary bladder 8120/2 disease in 2011. Then in 2018 the patient had left ureter 8120/3 disease and in 2019 in the left renal pelvis 8120/3 disease. I think the 2018 case is a separate primary since it is invasive but the renal pelvis is the same laterality and the same histology so is it a recurrence for the left ureter or is it a subsequent primary due to site renal pelvis? I have read through the Urinary STR and get confused about whether the tumor involvement has to be at the same time or if it can be spaced out over time. There is a note in M9 that says timing is irrelevant but not the other rules.

ANSWER:

Rule M9 applies to bladder sites only—renal pelvis and ureter are not included in the bladder site codes. Primary #1: 2011 bladder 8120/2 Primary #2: 2018 ureter 8120/3. New primary per M6 The 2019 renal pelvis is not a new primary per M11. It is a recurrence of the 2018 tumor. M11 states abstract a single primary when there are urothelial carcinomas in multiple urinary organs. Note 1: This rule is ONLY for urothelial carcinoma 8120 and all subtypes/variants of urothelial carcinoma. Sites include bladder, renal pelvis, ureter, and urethra

Thank you - The SEER Data Quality Team

Hospital Discharge Linkage

Kameny Chan

As part of ongoing continuous process improvement efforts, OSCaR conducted its first hospital discharge data (HDD) linkage to evaluate whether the linkage would be a useful case finding and auditing tool. CDC-NPCR recommends performing HDD linkages as a best practice for central registries.

For the initial HDD linkage, OSCaR focused on finding potential cancer cases that were not reported to the central cancer registry. All hospitalizations with any mention of cancer were extracted from the 2016 HDD file. This subset of the HDD was then matched by name, sex and date of birth to OSCaR cancer cases using Match*Pro, a linkage software developed by the National Cancer Institute. Non-matched cases were then sent to the reporting hospital for review. To maintain confidentiality and data security, only hospitals that signed a Confidentiality Statement received the follow-up data file.

Hospital cancer registry staff reviewed their files and provided OSCaR with information on the reportability of each potential case including whether cases were non-reportable. OSCaR staff reviewed participating hospital feedback to determine the number of missed cases that should have been reported. Eighty-nine percent of the hospitalizations that included an ICD-10 cancer code were found in the OSCaR database. Of the 1,967 non-matched cases reviewed by the participating facilities, about 231 (12%) of the non-matched cases were not reported, which represents 1% of 2016 case submissions. About 80% of the non-matched cases were found to be not reportable for two main reasons: 1) Non-cancer related – many hospitalizations were not cancer related, but patients had a history of cancer noted in their medical records; 2) Cancer treatment only – these cases were non-reportable by the reviewing facilities because the patients were only receiving cancer treatment, but were diagnosed at a different facility.

Overall, the OSCaR Research Analysts found that the linkage between the HDD and OSCaR database was beneficial for both case finding and auditing. For future linkages, OSCaR will provide standard response options to obtain more information about missed cases. A guidance document will be developed and shared with hospitals. Further, more specific criteria for pulling the cancer cases from the HDD dataset will be developed by the OSCaR team, which will hopefully save both OSCaR and hospital staff time in identifying missed cases.

Recurrence Coding Tips

Linda Shan

Recurrence:

Use the Multiple Primary Rules as written to determine whether a subsequent tumor is a new primary or a recurrence. The ONLY exception is when a pathologist compares slides from the subsequent tumor to the “original” tumor and documents the subsequent tumor is a recurrence of the previous primary. Never code multiple primaries based only on a physician’s

QA Feedback: OSCaR Database

QA Team

Demographics and Race 1 field:

Racial origin captures information used in research and cancer control activities comparing stage at diagnosis and/or treatment by race. It is important that we use specific race codes over generic NOS race codes when appropriate.

Some EHRs import patient demographics into your cancer abstracts. Technology is awesome. Sometimes patient demographics is filled in during the case finding process. Please take a second to verify the race fields in your cancer abstract. We are seeing an increase of Race 1 coded as 98 (other) with PE text documenting the patients actual race such as 68 yo WF. Also seeing an increase in Race 1 coded as 96 (Asian NOS) but text notes 68 yo Japanese female.

Thank you for your attention to detail and the excellent detailed text you provide!!

Documentation on Race and coding

Linda Shan

Text documentation is vital in verifying codes such as the race fields. It’s important to note in the text the patients race, ethnicity and place of birth (state & country). OSCaR’s preferred text documentation would include all three data items. If unknown simply document unknown or that the patient declined.

Recently OSCaR conducted a race edits check to review codes to text. Following are a few examples of discrepancies found:

Examples of discrepancies found in our database:

Case Example #1

DX Proc--PE: 12/13/19 SURG: 56YO WF NOTED

Race 1	96	ASIAN
Race 2	88	N/A
Race 3	88	N/A
Race 4	88	N/A
Race 5	88	N/A
Spanish/Hispanic Origin	0	NOT HISPANIC

Case Example #2

DX Proc--PE: 39YOM W/HEADACH W/ N/V NO PE. NO SMOKING, ETOH, MARRIED, RACE: OTHER MEXICAN

Race 1	98	OTHER
Race 2	88	N/A
Race 3	88	N/A
Race 4	88	N/A
Race 5	88	N/A
Spanish/Hispanic Origin	6	SPANISH
Sex	1	MALE

Case Example #3

DX Proc--PE: 29YOF PRESENTS 3/01/19 FOR NECK SWELLING & BACK PAIN, INCIDENTAL FINDING ON W/UP. NO SMOKING, ETOH OR FH; MARRIED; RACE: OTHER (ROMANIAN).

Race 1	98	OTHER
Race 2	88	N/A
Race 3	88	N/A
Race 4	88	N/A
Race 5	88	N/A
Spanish/Hispanic Origin	0	NOT HISPANIC
Sex	2	FEMALE

* Per SEER Race and Nationality Descriptions for this case, Race 1 should be coded to 01 white and not 98 Other.

Make sure the text matches what is coded. Without supporting text, visual editing cannot be performed and the central registry is unable to determine the accuracy of the data. The central registry

also uses text to merge information submitted by different hospitals on the same case. The central registry staff is faced with making decisions about how to handle multiple abstracts submitted for a single patient. And follow up is likely with your facility to verify.

Some key points when coding race and ethnicity:

- Someone who is of Indian decent (from India) is coded to a 16, Asian India (Effective with 1/1/2010 dx)
- Spanish Origin is autonomous of race. A patient can be ANY race and have Spanish Origin coded to 1 - 8
- When coding multiple races:
 - o Code 07 takes priority over all other codes
 - o Codes 02-32, 96-98 take priority over code 01
- Do not use patient's name as the basis for coding race:
 - o Code race using the highest priority source available
 - o **Sources in Priority Order:**
 1. The patient's self-declared identification
 2. Documentation in the medical record
 3. Death certificate

Follow the SEER guidelines on coding for race:

https://seer.cancer.gov/manuals/2018/SPCSM_2018_AppendixD.pdf



NCRA/Regional**VIRTUAL CONFERENCE**
SEPTEMBER 21-23, 2020**Please Complete the 2020 Virtual Conference Evaluation**

NCRA wants to hear from you! Please take a few minutes to complete the [NCRA 2020 Virtual Conference Evaluation](#). Deadline is Friday, October 9.

Certificate of Attendance

Please download the [Certificate of Attendance](#) to track the sessions you attended. Make sure to complete and save it. No further documentation of proof-of-attendance is needed. If your CE submission is audited, use this form as supporting documentation.

On-Demand Site Available; Use the Log-In Credentials from the Live Conference

Registrants are now able to view the conference sessions on-demand. You will go to the [same site](#) and use the same log-in credentials that you used for the live virtual conference. There are a few missing sessions because NCRA is making needed edits. Those sessions will be posted as soon as they are available.

Future Conferences:

NCRA 47th Annual Education Conference
June 2-5, 2021
Indianapolis, IN

NCRA 48th Annual Education Conference
April 6-9, 2022
Washington, DC

NCRA 49th Annual Education Conference
May 7-10, 2023
San Diego, CA

Michele Henson Memorial Scholarship Fund – The Story Behind It

In October 2001, we lost a great registrar to lung cancer. OCRA set up a Memorial Fund for her and in 2002 re-named the scholarship to the Michele Henson Memorial Scholarship Fund.

Michele was born November 8, 1953 in Los Angeles, CA and married Tom Henson on November 16, 1981. Michele wanted a higher education for herself and she wanted to make a difference in the world.

Michele started working in the registry in 1996 in Douglas Community Hospital in Roseburg, Oregon and later transferred to Mercy Medical Center. She took the CTR exam in March in 1999 in Beaverton along with Donna, a fellow registrar, from Portland. Donna's notification letter was first to come, leaving Michele on pins and needles for the next two days, until her letter came. She was very excited to receive that passing letter. Receiving her credentials was very important to Michele. She was delighted to receive a balloon bouquet and a stuffed animal attached with congratulations on passing her exam, on behalf of OCRA. Michele noted how blessed she felt when people would stop by to ask "What's the occasion?"

Michele was also recognized at the NCRA banquet for new registrars held in New Mexico, in May 2000. Michele was a hard worker and truly loved her job. She always gave 150% of herself. Anyone who met Michele knew she was a special person. She has so much love and faith and was a friend to all. She had a passion for garage sales, junk shops and the like. She loved her home and the fact that she could eventually work from home. Working from home was her ultimate goal. She was able to start her own contracting business, but it wasn't long before she became ill. Michele was a strong person, and she put up a fight to the end.

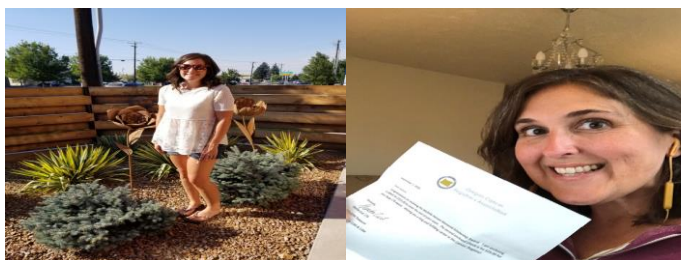
One day she asked her husband what would be her legacy after she died? His answer was the kids, but there was more. Michele had hung a poster on the wall with a saying "100 years from now, I will have been a Cancer Registrar" and the sign still hangs. That is what drove Michele to the higher education she wanted, as she wanted to make a difference. Tom would find Michele in bed sick with her cancer but still working on cases that she wanted to get done. Tom stated that there are many things that he could write about Michele but one thing that really is the most evident about her life and to all who knew her was her drive to be the best that she could be. Not just in work, but at home and church. Michele loved life and she loved being a Cancer Registrar. *Abbreviated from an article in the Connection - Author, Martha Curl*

OCRA continues to offer the Scholarship fund as an annual budgeted item from the general fund. Two OCRA member recipients are chosen yearly to cover the cost at the NCRA member rate of the CTR exam. Please see the link below for information and application for the Scholarship.

I would like to introduce you to the two applicants that applied and took advantage of the Michele Henson Memorial Scholarship. To date there have been 20 awardees since the scholarship was changed to Michele Henson Memorial Scholarship. (I know that Michele is smiling down because so many registrars have taken advantage of this).

First, we have Alesha Easley, CTR currently working at Providence. For those that don't know, she has been a registrar in training for many years (since in utero) from her mom, Shelley Lindsey. She squeezed in right before the test taking was shut down for COVID-19. Second, we have Jessica Haughey, CTR currently working at Legacy.

Congratulations to OCRA's newest CTRs. They received a check for \$315 for the cost of the test and a new CTR award of \$25.



CTR Resources

California Cancer Registry Q-Tips (collaboration between the California Regional Cancer Registries and the Central California Cancer Registry)

<https://www.ccrca.org/submit-data/cancer-registrars-hospitals-and-facilities/reporting-by-cancer-registrars/q-tips/>

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*Educatel](#) 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:

Answer 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 a SEER 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/seer inquiry/index.php>

Questions can only be 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.

Comments or Tidbits on Virtual NCRA and SEER Workshops

I just wanted to say that I thoroughly enjoyed and benefited from the virtual workshops and felt I was able to focus, process and learn more than when in person. I was able to hear and see and not be distracted by someone blocking my view, people talking and/or people entering and leaving the meetings. I also did not distract anyone with my bad habit of clicking my pen and not being embarrassed or mortified when called-out twice 😊. I would say the only drawback on the virtual conference is not being able to socialize with colleagues. I loved the live Q&A process as well. When the meetings are in person I am not comfortable going up to mike in front of everyone but when virtually, I was able to ask questions with all my questions answered live. I really loved that I was able to go back later and listen to other speakers on the NCRA breakout sessions that I missed. The education content was very beneficial and relevant. And lastly, we were still able to benefit from the raffle drawings. I was the lucky winner on Wednesday and won the Utah State basket raffle as well as an iPad air from the Oncolog raffle. So grateful to all those who made that possible for us to still have prizes!!! Jen



Cancer Registry State Associations Years of Association – To Establish the Longest State Association

Alabama: Established in 1979: 41 years

Alaska: Established in 1974, Contact Sarah Nash; email: shnash@anthc.org; ph (907) 729-3949

Arizona: Established 1983, Contact: craninfo@gmail.com; Our current board for 2020 is the following:
President: Iris Castro, CTR; President Elect: Sandra Steen, CTR; Vice President: Christena Vallerger, CTR
Treasurer: Brooke Brasil, CTR; Secretary: Vivian Romero, CTR

Arkansas: Established 1975 Contact President: John Guire; email JTGuire@uams.edu

California: Established in 1973: 46 years

Colorado: CCRA Treasurer Shawn Bonner, Ph: 303-775-5792; General email: info@coloradocancerregistry.com

Connecticut: Established in 1976: 43 years

Delaware: Established in 1972: 47 years

Florida: Established in 1978: 41 years

Georgia: Established in 1976: 43 years

Hawaii: Unknown, any information on a contact would be greatly appreciated

Idaho: Established in, Idaho Association of Cancer Data Registrars (IACDR)

President, Patti Rose, Email prose@teamiha.org, Vice President, Barbara Graham, Email bgraham@nthrive.com,
Secretary / Treasurer, Teresa Chapple, Email tchapple@tetoncancer.com, Past President: Heather Jones,
Email Heather.L.Jones@saintalphonsus.org

Illinois: Established in 1991: 28 years

Indiana: Established in 1978: 41 years

Iowa: Established 1976, Contact: Kelsi R Fryauf-Perkins, Email: kelsi-fryauf@uiowa.edu.

Kansas: Unknown, any information on a contact would be greatly appreciated

Kentucky: Unknown, any information on a contact would be greatly appreciated

Louisiana: Established in 1977: 42 years

Maine: Unknown, think part of the Cancer Registrar's Association of New England, Established in 1978: 45 years.

Maryland: Unknown, President: Margie Jenkins; email magaret.jenkins@umm.edu

Massachusetts: Unknown, think part of the Cancer Registrar's Association of New England, Established in 1978:
45 years

Michigan: Established 1975, President: Kate Schumacher; email Kate.Schumacher@stjoeshhealth.org

Minnesota: Established in 1977: 42 years

Mississippi: Unknown, any information on a contact would be greatly appreciated

Missouri: Established in 1975: 44 years

Montana: Unknown, any information on a contact would be greatly appreciated

Nebraska: Unknown, any information on a contact would be greatly appreciated

Neveda: Established in 2002: 17 years

New Hampshire: Unknown, think part of the Cancer Registrar's Association of New England, Established in 1978: 45 years

New Jersey: Established in 1984: 35 years

New Mexico: Unknown, President: Judy Williams; email tranm.president@gmail.com

New York: Established 1975. 45 years Website: <https://www.craneweb.org/>

North Carolina: Established in 1977: 43 years

North Dakota: Established in 1997: 23 years, both Dakotas' are 1 Association, <p://www.crad.name/index.html>
President: Rebecca Renfrew

Ohio: Established in 1970: 50 years, Patricia Jurecko email: pjurecko@oh.rr.com

Oklahoma: Unknown, President: Susan Nagelhout; email susan.nagelhout@atlantichealth.org

Oregon: Established in 1976: 43 years <https://www.ocra-oregon.org/>

Pennsylvania: Established in 1974: 45 years

Rhode Island: Unknown, think part of the Cancer Registrar's Association of New England, Established in 1978: 45 years

South Carolina: Established 1980, President: Laurie Josiger; email Laurie.Josiger@rsfh.com

South Dakota: Established in 1997: 22 years, both Dakotas' are 1 Association, <p://www.crad.name/index.html>
President: Rebecca Renfrew

Tennessee: Unknown, President: Cathy Bush; email Zeppy2us@yahoo.com

Texas: Established in 1972: 47 years

Utah: Established 1975, President: Kacey Wigren; email: Kacey.Wigren@hsc.utah.edu

Vermont: Unknown, think part of the Cancer Registrar's Association of New England, Established in 1978: 45 years.

Virginia: Established in 1979: 40 years

Washington (State): Unknown, President: Penne Perry; email Penne.perry@sarahcannon.com

West Virginia: Established in 2012: 7 years

Wisconsin: Established in 1975: 44 years

Wyoming: Unknown, any information on a contact would be greatly appreciated

NCRA: 40 years



Laura Wallace

COVID-19 is an emerging, rapidly evolving situation, below are resources you can access:

- [Coronavirus.gov](https://www.cdc.gov/coronavirus/2019-ncov)
- <https://www.cdc.gov/coronavirus/2019-ncov>
- [USA.gov/Coronavirus](https://www.usa.gov/coronavirus)

Stay safe, healthy, keep practicing social distancing!

