



OCRA Members Quarterly Newsletter

A Lasting Message from Our Past resident

by **Deborah J. Towell**

It's already been said a thousand times, WOW, what a year it has been! The good news is we have managed and a pristine new year is right around the corner!

I want to extend my gratitude to the OCRA membership for allowing me to represent the organization and serve as your 2020 President (albeit from a distance). The Executive Committee (EC) met for 2 hours every other month and stayed in constant communication via emails and phone. I want to personally thank the 2020 EC members I had the pleasure to work with: **Treasurer – Martha Curl**, you are a meticulous bookkeeper who is forever involved and care deeply about this organization. **Secretary – Nicole Davis**, I so appreciate your inquisitive nature, you asked great questions which led to some good discussions throughout the year. **Past President – Ron Lamie**, honestly, where do you find the energy as I am continually amazed at your willingness to jump in with an idea or share an experience on ways to improve the internal operations/functions of the organization. Last, but not least, **President-Elect – Shelley Lindsey**, your knowledge base, sense of humor, and willingness to share ideas to improve the inner workings of OCRA will bring much success to the organization in 2021. OCRA will be in good hands, but in my opinion, it always has been!

Lastly, I would like to take off my OCRA President's hat (heavy crown 😊) and step into my Public Health, OSCaR role to humbly applaud all of you wonderful humans that work in this field. Your dedication to providing quality cancer data to inform efforts to improve the screening, treatment, and survivorship of all people in Oregon affected by cancer is applauded with a well-deserved standing ovation!

Please think about volunteering for one of the committees, it's painless I promise and you will be working with other like-minded caring, knowledgeable humans.

Please welcome your OCRA 2021 Executive Committee: President: Shelley Lindsey, Treasurer: Martha Curl, Secretary: Nicole Davis, President-Elect: Bonnie Kubli

Deb – OCRA 2020 President



Three Sisters, Bend, Oregon

An Encouraging Word from Our New President.

by **Shelley R. Lindsey**

Hello, OCRA Members, and Happy New Year!

I am excited about my role as your president for 2021. I truly encourage others to consider running for an office at some point in their professional career. It not only provides new learning opportunities but allows for life-lasting friendships with others in our professional world.

It is always refreshing to start a new year. It allows us to start over, reset, make new goals or continue to develop old ones. This year by far has been one of the most anticipated by many. It brings hope that all-things-COVID will settle down. The impact 2020 has had on our lives will be quite memorable. It brought lost jobs, furloughs, permanent business closures for some, and temporary closures for others. Take out and fast food became the same. Working from home became more mainstream than ever. Children learned to “work from home”, too. Masks, well we all have quite a collection of colors, prints, types, fabrics, and preferences. It also brought isolation to many people that function best among others. We have had to rethink exercise, social gatherings, mourning, and entertainment to name just a few. There are still many uncertainties that lay ahead.

I take comfort in knowing that “this too shall pass”, and I must remind myself daily. I hope you each have your own coping mechanism firmly in place to weather this storm. Reaching out is still extremely important and I encourage you to create your own support network, whether it be family, friends, co-workers, or other OCRA members if you feel the need.

Your executive committee will continue to work towards a stronger organization. To provide resources and opportunities for further learning through education. To continue to advocate the importance of quality data provided by credentialed individuals. This is our goal. Our purpose. For you.

Sincerely, Shelley Lindsey-2021 OCRA President

Attention! OCRA Member! News Flash!

This year OCRA would like to put on a virtual workshop. How it will look is still undecided. Do you want to be a part of the planning? Do you have any idea on content that you would like to have addressed? Contact Nicole Davis (ndavis@pacehealth.org)

Index of topics:

1. *Words from The Presidents and News Flash!*
2. *What's Happening at The State*
3. *Reflections of 2020*
4. *Resources and References, The Learning Curve, Case by Case, and The Newsletter Editor's Story*

OSCaR Updates (January 2021)

- i. OSCaR completed Call for Data for both NPCR-CDC and NAACCR at the end of November. We submitted a total of 513,246 cases. All of us at OSCaR would like to thank all the cancer reporters for contributing to our successful submission.
- ii. Reminder, the OSCaR Coalition meetings will be happening the third Wednesday of each even month (February, April, etc.). If you have any agenda items and/or questions you would like to review at these meetings please email Linda Shan at Linda.Y.Shan@dhsosha.state.or.us. Calendar invites have gone out for 2021 and if you did not receive the invite but want to attend please email Linda at the email above.
- iii. If you are interested in receiving the email correspondences for the 2020-2021 NAACCR Cancer Registry & Surveillance Webinar Series you can email Linda.Y.Shan@state.or.us to sign up. If you are currently signed-up and receiving the emails to access that material you do not need to email me.

SEER SINO Q&A Moment

Question 20200046 Reportability for Vulva is well differentiated vulvar interepithelial neoplasm (dVIN) reportable? See discussion.

Discussion-Is this histological terminology synonymous with **8071/2** Differentiated-type vulvar intraepithelial neoplasia?

Per the 7/20/2018 updates to the 2018 ICD-O-3 Histology list, the reportability flag was changed from N to Y for Differentiated-type vulvar intraepithelial neoplasia as well as Differentiated penile intraepithelial neoplasia, both **8071/2**. It appears that both **SINQ 20180020** and the second half of **SINQ 20160069** are no longer valid and should be deleted.

Source: <https://seer.cancer.gov/seerinqury/index.php?page=view&id=20200046&type=q>

Solid Tumor Manual: (Deb Towell)

SEER shared this information regarding the STM (Solid Tumor Manual): To **clarify** histology coding instructions, new rules have been added and histology tables updated. These updates **do not** require a review of already abstracted cases. The December 2020 rules replace the current rules and should be used now. **We strongly recommend you read the December 2020 Change Log to understand what changes were made. The updated Solid Tumor Rules may be accessed at <https://seer.cancer.gov/tools/solidtumor/>**

ICD-O-3.2-Coding Tips: (Linda Shan)

ICD-O-3.2 is to be used beginning January 1, 2021, with cases diagnosed 1/1/2021 and forward **All GIST tumors** are reportable and classified as **8936/3** in ICD-O-3.2.

Nearly all thymomas are reportable; the exceptions are:

- **microscopic** thymoma or thymoma benign (**8580/0**)
- **micronodular** thymoma with lymphoid stroma (**8580/1**)
- **ectopic** hamartomatous thymoma (**8587/0**)

Use of these guidelines is required for determining reportability and accurate coding. Please see the NAACCR webpage for guidance on ICD-O-3.2:

<https://www.naacrr.org/icdo3/>

We want to emphasize the importance of looking up the codes versus relying on memory or your software's drop-down menu. Many histologies and behavior codes have changed and may now be reportable. As well as many histologies and behavior codes that would not be considered reportable.

Melanoma; MPH rules until cases dx 1/1/2021 (Marsha Beal)

Multiple melanomas may be single primary or multiple primaries.

It is important to use the paired sites list to determine if laterality applies to melanoma. Also, look at the site code to determine if it is single primary or multiple primaries.

Common error: Reporting multiple primary melanomas in the following situations:

- Scalp and neck (C44.4) are not a paired site. Melanoma vertex scalp and melanoma left neck dx within 60 days of each other is a single primary. Another common error is multiple melanomas on the neck, one coded left and the other coded midline. The midline code for C44.4 throws an edit due to scalp and neck is not a paired site.
- Skin of trunk (C44.5) is a paired site and includes chest, abdomen, back. Melanoma right abdomen and right back dx within 60 days of each other is a single primary.
- Confusion about M6 and M7 rule; A Question to SEER:



Oregon State Capitol

Q: This patient has had invasive melanoma of the right 2014 and left 2016 leg and in 2019 presents with melanoma in situ left lateral leg.

MPH rule M6-7 is confusing, and it looks like in the 2021 rules they are combined.

Per M6 Invasive melanoma, more than 60 days after an in situ is a subsequent primary. Is the reverse true as well? Melanoma in situ more than 60 days after an invasive melanoma?

A: Yes, according to rule M7, the 2019 diagnosis is a new primary.

2018 New Histology Rules (Marsha Beal)

The SEER virtual workshop had a good presentation on how to code histology. It has been a difficult transition from when we were supposed to use ambiguous terminology to code specific histology and now the rules limit when ambiguous terminology can be used. <http://www.cancerregistryeducation.org/products/1630/20-workshop-seer-advanced-topics-for-registry-professionals>

Ambiguous Terminology Takeaways (Excerpt from presentation):

There are only three instances when specific histology preceded by an ambiguous term may be coded:

- NOS histology and specific histology are described by ambiguous terminology, but the specific histology is clinically confirmed by a physician.
- NOS histology and specific histology described by ambiguous terminology, but the patient is treated for the specific histology.
- Only one histology is given, and it is described by ambiguous terminology.
- Registrars will have to obtain more information to code more specific histology.
- The additional confirmation required should be found in the medical record or by a discussion with the physician/pathologist, if possible.
- Registrars need to “unlearn” previous instructions regarding coding the more specific histology.

Thank you,
The SEER Data Quality Team



Multnomah Falls is a waterfall located on Multnomah Creek in the Columbia River Gorge, east of Troutdale, between Corbett and Dodson, Oregon, United States. The waterfall is accessible from the Historic Columbia River Highway and Interstate 84

Reflections of 2020

by [Martha Curl](#)



2020 was a rough year for everyone. From COVID-19, the fires, riots & elections. Just one of those things was enough. (this is just my personal story and in no way political. You never know who you may be helping by sharing your experience) The fires are over but the damage and rebuild will be going on for years. I know personally that when I drove through the McKenzie fire area, I was devastated and had instant pain. Never being through a disaster before, it was quite shocking to say the least. For those that have been ill from COVID-19 or had family, I hope you and your family are on their way to recovery.

Some Days

*They tell me life's a journey
That will take me many years
Some days are filled with laughter
And some days are filled with tears*

*Some days I think my heart will break
That I can't persevere
Some days I have to don a mask
And hide 'neath its veneer*

*Some days I turn and look for you
With thoughts I'd like to share
Some days I just can't understand
The reason you're not there*

*Some days the sadness leaves me
And my smile will reappear
Some days I close my eyes because
Your memory is so clear*

*Some days I struggle to go on
Just wishing you were near
Most days I spend in gratitude
That you were ever here*

kp © 2014
Out of the Ashes/FB

Thankfully, I was not in the areas of the fire nor have I lost anyone due to COVID-19 but I am not without loss. Years ago, 20+ years, when I went through grief counseling for my mom, I learned about 2 types of grief. Expected & unexpected grief. Grieving for those are very different. With expected deaths, cancer, heart disease etc., most of the time, you know what the outcome is and you get that chance to say your good-byes. Unexpected deaths are from MVA, suicide, drug overdoses etc. They are different because you don't get that chance to say good-bye and you may feel anger amongst many other things. The end of 2020 was the most difficult time for me, especially having 2 of those unexpected deaths.

I lost my brother on October 3rd in an MVA. Then I went



out on a medical leave in November for surgery. You remember things like where you were and what you were doing on big events and I will never forget the most unexpected call and news of my lifetime on the morning of December 19th. I got the news that my nephew, Jacob

Jeffrey Anderson, just 20 years old, had passed away. I hardly remember the drive back home nor the 3.5-hour ride down to my sister's house in Cottage Grove. He had an autopsy on our anniversary and his memorial service on the 27th. The pastor noted in 29 years, he had never had that big of a service and the first one that a dog had been present in. Jake and his dog Kojak went everywhere together. I have never seen an animal grieve like that either. His service was livestreamed and has been viewed over 11,000 times.

That in itself is amazing to me. My brother-in-law gave some great advice for kids and parents and I am sure that is why it has been viewed so many times. Not everyone does Facebook but if you were interested let me know. Then January 14th, my aunt passed which was expected as she had a lot of medical issues. If you believe in things that come in threes, I am hoping to move on to a better year.

Resources and References from Ron

by **Ron Lamie**

The latest updates



Educational Sessions and Programming

Registration is now open for NCRA's 2021 Virtual Conference.

NCRA's 47th Annual Educational Conference will be held virtually, June 3-5, 2021. (There is no in-person conference in 2021.) The 2021 Conference Program Committee has designed the educational sessions to showcase critical cancer registry topics and to help registrars stay current. Download the [2021 Virtual Conference Registration Brochure](#) to learn more. Updates and more details can be found at www.ncra-usa.org/conference.

There are many reasons to attend:

Earn over 20 CEs in three days.

- Excellent value for CEs, especially with the early-bird pricing.
- Compelling speakers and topics in a convenient setting.
- An affordable option for the entire cancer registry department to participate
- Safe way to keep up to date on changes in the cancer registry field.
- Gain knowledge about cancer registry best practices.
- Hear the latest from the standard setters.
- Learn about the newest advancements in cancer treatment and care.

Registry Partners has a video 'CTR Coding Break – Bladder Cancer and Intravesical Therapy' and others in the archive that may be useful for those interested. <https://www.registrypartners.com/ctr-coding-break-bladder-cancer-intravesical-therapy/>

SEER*Educate has released more Casefinding practicum exercises based on scans and not pathology reports.

If anyone is interested in treatment developments visit the NCCN website for their Monthly Oncology Tumor Boards. <https://education.nccn.org/> NCRA needs Mentors and Independent Clinical Advisor's (ICA's) to help support students and those seeking the CTR credential. There is currently a waiting list of students needing help. Visit <https://www.ncra-usa.org/Education/ICA-Mentoring-Programs> for more information.

The Learning Curve

by **Nicole Davis**

I was doing a bunch of **C809** cases at my facility. Most of them only had an FNA (cytology specimen) done with no follow-up or further investigation. For the first few, I was putting the FNA as the diagnosis/staging procedure. I had to look something up in STORE Manual (not related) and came across this section under the "Surgical Diagnostic and Staging Procedure"

Code brushings, washings, cell aspiration, and hematologic findings (peripheral blood smears) as positive cytologic diagnostic confirmation in the data item Diagnostic Confirmation (490). These are not considered surgical procedures and should not be coded in this item.

In short, we DO NOT use the Diagnostic Staging item for FNA's from a *cytology report* (as it would be cell aspiration) and would only put that information in text and code it in the Diagnostic Confirmation field (Use code 2, Cytology) if no other pathology was done. If the FNA is from a *pathology report* (the FNA removed **tissue** i.e. pancreas FNA, Liver FNA, etc) than we code that procedure under the "Surgical Diagnostic and Staging Procedure". This is applied to Solid Histologies only and doesn't include the lymph nodes...which as we know is another topic altogether!

I think I knew this, I just forgot! Or I re-learned it...So maybe some of you have "forgot" too!

Case by Case Interactive Q and A

by **Nicole Davis**

Q: How many primaries? What is the histology/histologies?

PE: Left breast abnormal thickening w/ no discrete mass palpable.

10/xx/2018 US: Left breast 1-2:00 position of left breast is oblong shape mass, measuring 2.6cm. It appears to connect w/ small strand of tissue at the 12:00 position.

11/xx/2018 Bx: Left breast papillary carcinoma.

01/xx/2019 MRI Breast: Left breast multifocal mass extending from retro areolar aspect of the breast to middle posterior w/in upper quadrant. Overall, mass measures 4.9cm.

02/xx/2019 Lumpectomy: Palpable 2:00 peri areolar lesion excised. Additional margins excised at 12 and 6:00.

02/xx/2019 Path (From Lumpectomy): Left breast Invasive ductal carcinoma, NST. Grade 2. TS=6mm. Multiple foci. Left breast additional margin specimen: Invasive lobular carcinoma, Grade 1.

A: Let's discuss on OCRA Facebook page - Post your answers or start the conversation!



South Slough Estuary, Coos Bay, Oregon

OCRA Newsletter Editor's Story

by **Shannon Kearbey**

Hello OCRA members! I am excited to work on the newsletter for you this year. Here is a small piece of history on me, that is for all of you who don't really know me. I am a born and raised Oregonian living in Colorado. I happened upon the cancer registry work life in 2008 at Bay Area Hospital working with and mentored by Mrs. Bonnie Kubli. Fast forward a little over 12 years and currently working for the Air Force Academy in the Colorado Springs area. I enjoy what we do as cancer registrars, and I can't see myself working anywhere else.

Quote: Cancer may have started this fight but WE will finish it! ~ by an unknown author