

Winter

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OREGON CANCER REGISTRARS' ASSOCIATION NEWSLETTER

Incoming President's Message

Holiday greetings registrars,

As the incoming President for 2013 I want to start by saying, "Thank you" to all who have served on the Executive committee prior to me. Prior Executive committee members have written up procedures and duties for each position and 2012 involvement allowed me to listen and learn about what goes on behind the scenes in OCRA. I

have some big shoes to fill. Active involvement is key in keeping this organization useful and successful. No one is safe! Rest assured, I will be contacting members from time to time for opinions and help! At first I thought oh goodness what I have signed up for...and why...but realizing the expertise within our membership has helped calm my nerves.

I hope you all have a wonderful holiday season and the New Year is a happy, healthy, prosperous year for you and your families.

Deborah Towell, CTR OCRA President 2013

Deborah.j.towell@state.or.us



CTR exam scholarships:

As a reminder for anyone who is planning on taking the exam in the future there are scholarships available to help either defray the cost of the exam itself or to provide funding for educational tools:

MICHELE HENSON MEMORIAL SCHOLARSHIP available thru ORCA which pays for the cost of the exam up to the NCRA members' cost.

ROBERT HENDRICKSON MEMORIAL SCHOLARSHIP which is available thru NCRA pays for education materials. The application is a bit longer to fill out and asks you for the top 5 resources that you would like to have paid for by the scholarship. You do not have to be a member of NCRA to apply or to be awarded the scholarship. You do have to have a good explanation why you are applying for the scholarship.

BOTH APPLICATIONS CAN BE FOUND ON THE OCRA WEBSITE http://www.ocra-oregon.org

Registry News

OHSU is looking to fill the Cancer Registry manager position. Teresa Mason has decided to step down and to take Kim's vacated position. She will continue as manager until the new person comes on board Thursday 12/13/12 Teresa was recognized at the Knight Cancer Institute annual Celebrate the Knight event. Teresa was recognized for her had work in achieving the successful accreditation w/commendation from the American College of Surgeons Commission on Cancer. So Teresa is stepping down on a very successful year!

Providence has 2 Cancer Registrar positions now open for PH&S. If you are interested please see the job information online at the following website.

http://www.providenceiscalling.jobs/search/index.html

The job number is 22314.

CAnswer Forum

Previous diagnosis incorrect, which date of diagnosis to use

Q) I have a case that was diagnosed in 4/2011 as a multicentric cerebellar lymphoma and was treated w/ Rituxan. The treatment was not helping and the pathology was reviewed in 8/2011 and found to be an anaplastic astrocytoma. The patient was then referred to our facility for further evaluation and treatment. Which date should I use as the Date of Diagnosis and Date of Multiple Tumors. I can argue the use of either date. Because "cancer" was diagnosed in 4/2011, and the tissue that was later reviewed and used to make the diagnosis of astrocytoma was originally taken on that date, I can see where using the 4/2011 date would be correct. However, if you look at it as the diagnosis of lymphoma being "ruled out", then the actual diagnosis of astrocytoma being made in 8/2011, I could see using 8/2011 as the date of diagnosis, but then you would not be able to record the biopsy for tissue diagnosis/histologic confirmation. These decisions will also obviously impact both how/which treatment is recorded and the Class of Case for our facility.

A) The date of initial diagnosis is the date the MALIGNANCY is declared by physician; it is not uncommon when the histology is specified after the date of initial diagnosis. So, in your case, the date of diagnosis is 04/2011. The 1st course of treatment is Rituxan. The class of case at your facility is non-analytic 32 (PERSISTENCE OF DX), since pt appeared at your facility after 1st course of treatment failure. Any treatment after 1st course of treatment is a subsequent treatment. (REGARDLESS OF ANY CIRCUMSTANCES).

Anna Delev, RHIT, CTR; User Support Specialist, NCDB

SEER

Q) Are Intraductal Papillary Mucinous Neoplasms with low grade dysplasia still considered benign? I see an

ICD-0 code that is 8453/1 if it has moderate dysplasia. We asked our pathologists in 2007 about this and they say it is benign. However at a recent workshop we were told these are reportable as 8453/2. There is also a Seer response from 2009 on IPMN but in that question it stated there were low grade and high grade features. There is nothing in the MPH rules on this particular neoplasm.

A) Intraductal Papillary Mucinous Neoplasm with low grade dysplasia is benign, /0. Low or intermediate dysplasia is /0, and high is /2, so this case would be 8453/0.



Interesting Tidbits

Study: Coffee May Reduce Risk of Oral Cancer

Experimental Drug Effective for Chronic Myeloid Leukemia http://www.cancer.org/cancer/news/news/experimental-drug-effective-for-chronic-myeloid-leukemia









A BIG THANK YOU GOES OUT TO EVERYONE WHO CONTRIBUTED POP TABS AND/OR BATH PRODUCTS FOR MY TRIP THIS WEEK TO THE RONALD MCDONALD HOUSE.

I GOT SEVERAL BAGS OF POP TABS AND A WHOPPING TOTAL OF 333 ITEMS TO DONATE. WHAT A GREAT JOB!
I KNOW THE RMH WILL APPRECIATE EACH AND EVERY ITEM.

THANKS AGAIN.

MARTHA CURL, CTR

LEAD CANCER REGISTRAR
PROVIDENCE HEALTH & SERVICES

MESSAGE FROM THE EDITOR

This year at this Christmas time, be thankful for the people in your life. As revealed by the Clackamas Mall Shootings and the slaughter of children and of the adults that protect them at a school house, all of are days are numbered.

We did not know the number of our days; So this Christmas hug your friends and family, let them know that they are loved and that you care.

What else could be more important.

Shannon





Elected Officials

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