2014 Fall Edition

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ACR has made the following change to the ACR Text Template. It has recently been brought to our attention that the item highlighted below was listed in this section and it was never required by ACR. The diagnosis and treatment text should be entered in their appropriate fields and ACR does not need this information reiterated in the remarks text fields. Thanks!

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Textual information that does not fit into its designated field can be recorded in the Remarks area. Record other pertinent information for which there is no designated field.</th>
</tr>
</thead>
</table>

**CER data recorded here.**

Items to record:
- CER fields: height, weight, tobacco use and types of tobacco used i.e. cigarettes/chew/dip/snuff
- Patient history of previous cancer
- Sequence (i.e. this 2012 case is a sequence 01, changed from 00)
- Patients transferred to another facility: where/physician name
- Significant co-morbidities that limit or rule-out cancer directed treatment
- **Family history of cancer**
- Place of birth
- Religion (if pertinent to the case such as Ashkenazy Jewish)
- Justification of over-ride flags not documented elsewhere
- **Final diagnosis summary – very brief statement or “snapshot” of diagnosis and tx received.**

**EXAMPLES:**

TOB: neg, 207lbs, 68in; Fam h/o breast CA: + maternal mom; significant cardiac hx; Pt referred: Swedish Medical Center Seattle; **FDX: pt dx w/ IDC Rt breast @ FMH per CT 1/01/11, referred Swedish for chemo/rad tx.**

TOB: Gigs 2 PPD x 20yrs, 168lbs, 60in; born in Japan; **FDX: dx w/ sm cell ca Rt lung @ PMC per path 02/01/11, surgery/chemo tx @ PMC.**

**VIN, VAIN, AIN**

A while ago, an announcement went out about VIN, VAIN and AIN as non-reportable histologies and the ACR Procedure Manual for Reporting Sources was changed accordingly. After consulting with the CDC, it was discovered that they are still requiring the central registries to collect these cancer cases. So, please start reporting VIN, VAIN and AIN cases to ACR starting October 1, 2014. You will not be required to go back and pick up any cases that were not reported because of the previous change in ACR guidelines. We are sorry for the confusion and appreciate all your efforts in reporting the required cancer cases to ACR.
QUESTION & ANSWER

QUESTION:

PT w/history of AML status post double bone marrow transplant, one for AML several years ago and the second in February of 2013 for donor-derived MDS? Discharge death note states MDS w/previous history of AML. Is this one primary or two? Which histology would I code, MDS?

ANSWER:

Registrar 1: I would abstract and code the MDS as seq 02 and list the information about the AML in the PE text. I would not do a full abstract for the AML.

Registrar 2: I would agree with Registrar 1 because the AML is “history of” which means the only active cancer is the MDS. If they were both active disease, ACR would expect two full abstracts. However, in addition to mentioning the AML in the PE text field, you should also enter the AML on your exclusion list. This would prevent you from having to look up the AML again should the code ever show up on a future MDI as active cancer due to a miscode.

<table>
<thead>
<tr>
<th>Date</th>
<th>Webinar</th>
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</thead>
<tbody>
<tr>
<td>10/2/2014</td>
<td>Directly Coded Stage Data: Using the AJCC Cancer Staging Manual 7th Ed. and Summary Stage 2000</td>
</tr>
<tr>
<td>11/6/2014</td>
<td>Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms</td>
</tr>
<tr>
<td>12/4/2014</td>
<td>Using the Multiple Primary and Histology (MP/H) Coding Rules</td>
</tr>
<tr>
<td>1/8/2015</td>
<td>Collecting Cancer Data: Testis</td>
</tr>
<tr>
<td>2/5/2015</td>
<td>Collecting Cancer Data: Uterus</td>
</tr>
<tr>
<td>3/5/2015</td>
<td>Abstracting and Coding Boot Camp: Cancer Case Scenarios</td>
</tr>
<tr>
<td>4/2/2015</td>
<td>Collecting Cancer Data: Stomach and Esophagus</td>
</tr>
<tr>
<td>5/7/2015</td>
<td>Collecting Cancer Data: Larynx and Thyroid</td>
</tr>
<tr>
<td>6/4/2015</td>
<td>Collecting Cancer Data: Pancreas</td>
</tr>
<tr>
<td>7/9/2015</td>
<td>Survivorship Care Plans</td>
</tr>
<tr>
<td>8/6/2015</td>
<td>Collecting Cancer Data: Central Nervous System</td>
</tr>
<tr>
<td>9/3/2015</td>
<td>Coding Pitfalls</td>
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</tbody>
</table>
Now Available! New Registry Best Practices Podcast

NCRA's Registry Best Practices podcasts are intended to help your abstracting process become more efficient and accurate. These short audio presentations are direct and easy to understand. Play times are between two and six minutes. A new podcast on Reportability is now available on NCRA's Center for Cancer Registry Education. Other podcasts include Casefinding, Organizing Abstract Resources, Process of Gathering and Entering Info, and Text. Learn more.

Important Update on the Collaborative Stage Transition

The second edition of the Collaborative Stage Transition Newsletter addresses the processes and ongoing efforts to coordinate and effectively transition from the Collaborative Staging v2 system to the use of the AJCC TNM staging standard with related biomarkers and prognostic factors.

The CS Transition Group, of which NCRA is a member, developed the newsletter along with the AJCC, CDC/NPCR, CoC, NAACCR, NCI-SEER, and Statistics Canada/Canadian Council of Cancer Registries.

The group was formed as an information-sharing and planning forum. It provides a collaborative opportunity to identify the issues involved in the transition, and to share the tasks involved in developing best practices for both the overall cancer surveillance community and the individual agencies/organizations in addressing this change.

Members of the CS Transition Group recognize that the transition away from CS is a major change and are committed to working with stakeholders to develop appropriate implementation plans and processes. This is a work-in-progress and there are many questions that have yet to be fully addressed. As answers become available, NCRA will share updates and provide opportunities for members to identify issues and concerns.

On June 17, the CS Transition Group agreed to continue collecting Site Specific Factors using the current NAACCR data layout and definitions at least through 2016. This approach will continue to use the programming and logic structure established in Collaborative Stage to collect those variables. The CS Transition Group felt that this would be the least disruptive way to proceed for 2016. The intention is to maintain the SSFs as they are until there is an opportunity to carefully evaluate the SSFs and to make decisions on how to structure the collection of these variables within the NAACCR record layout. In addition, any changes that will be needed to accommodate prognostic indicators in the AJCC 8th edition will be better known in 2016.
Excerpt from the SSF Data Structure Task Force Summary

Option 3: Maintain current CS data structure and definitions. Standard setters would continue to specify requirements. Continue to collect required CS data items in their current CS locations. The existing CS DLL could continue to be used for site group determination, valid code definitions and documentation. Once the AJCC 8th edition is published, the structure will need to be altered to accommodate this change.

PLEASE NOTE: The SEER-CS Transition Newsletter Issue #3 was sent to the CTR list serve on July 1, 2014 and the latest edition #4 was sent on August 20, 2014. ACR will continue to send out any updates to the CTR list serve.

TNM Training Series

We are pleased to announce an expansion of the free training and continuing education series in SEER*Educate. Over the next six weeks, fourteen TNM training modules will be released in SEER*Educate. Each of the following modules includes 10 case scenarios with answers and rationales to help registrars learn how to assign TNM in vendor software packages.

- Bladder
- Breast
- Cervix and Endometrium
- Colorectal
- Esophagus, GE Junction and Stomach
- Head and Neck
- Kidney
- Lung
- Lymphoma
- Melanoma
- Ovary
- Pancreas and Biliary
- Prostate
- Testis

The **first three modules to be released on June 23rd** will be breast, colon and prostate. From now through July 31st at least two additional modules will be released weekly.

One of the best ways to learn cancer registry work is by doing cancer registry work. A primary goal of SEER*Educate is to provide access to free practical application exercises to learn how to code and apply guidelines associated with various aspects of a registrar’s responsibility. We will be applying to the National Cancer Registrars Association (NCRA) for continuing education credits for this entire series.

Sign up at SEER*Educate today by visiting [https://educate.fhcrc.org/](https://educate.fhcrc.org/) and Learn by Doing!

Mary Potts, RHIA, CPA, CTR - Director, Information Services
Fred Hutchinson Cancer Research Center - Cancer Surveillance System
mpotts@fhcrc.org
The TRAK Officers met via conference call on Tuesday, September 9 to start planning for the 2015 TRAK Education Conference. Please consider joining the Planning Committee.

1st Planning Meeting
Tuesday, October 21st at 9:30 am via Phone

Contact Jenna or Lisa
Alaska Native Tumor Registry - ANTR

I would like to introduce you to our new employee who will take the position of our new program assistant. She joined our team on August 11. We are very pleased she joined us! We know with her background in health management, she will be a great asset to ANTR. Please welcome Iona…..

My name is Iona Sallison and I am from and grew up mainly in Bethel, Alaska. I have a background in Elementary Education, as well as in Health Information Management. I’ve been in the health care/health information field for about ten years altogether and I absolutely love it. Over the years I’ve worked in Medical Records, Patient Financial Services, the ANTHC EHR team, in Behavioral Health, and now the Tumor Registry. I’m very excited to be exploring a new area of the Health Information field! Thank you.

Iona’s contact information: Iona Sallison, RHIT  isallison@anthc.org  Phone (907) 729-1192

Would you please update your mailing list to include her in the notices and announcements?

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Alaska Cancer Registry – ACR

Diane Sallee, MS  Health Program Associate

Diane Sallee began working for the Alaska Cancer Registry in June. She previously worked for the Traumatic Brain Injury Surveillance System in Juneau. She is looking forward to working with the ACR staff and Tumor Registrars to report on cancer in Alaska.

Elrena Farring  Cancer Registrar I

“Excited” seems to be a word I am using a lot these days, but that is how I feel about my opportunity to train and become a CTR for the State of Alaska. This seems to me to be a natural progression of my training and work in the medical field: billing, coding and transcribing. I have spent the majority of my working life in those fields, and now cancer registry tops it all off.

I was raised in Juneau, and have lived in Anchorage all of my life since then. I have raised 5 children, joining the workforce after that was completed. I received most of my post-secondary education at UAA and am quite proud to be a Seawolf.

I am looking forward to my future at the State central registry and hope to be an asset to it as well as to the cancer registry in general.

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Kathy Moss will be the new CTR reporting cancer cases for Bassett Army Community Hospital at Ft. Wainwright after she receives training. Kathy is also one of two CTRs at Fairbanks Memorial Hospital.

Welcome Iona, Diane and Elrena and congratulations to Kathy on her new endeavor.