

# Michigan Cancer Surveillance Program

## April 2006 Update

### New Staff for the MCSP Program ~

The Michigan Cancer Surveillance Program would like to introduce new staff for the Quality Improvement team. With these three individuals on board, we are anticipating that they will help in our efforts to improving the communication between the hospitals and central cancer registry. Please help us welcome these three individuals to our team!



In June of 2005, Mary Stephens joined the staff at the central cancer registry to conduct Death Clearance. Mary handles all communication with private physicians and hospitals on the cancer patients whose information is only available through death clearance. Previously, Mary worked with the Secretary of State department reviewing driving records and then as a receptionist performing various duties for the State Archives. In her off hours, Mary loves to read, knit, ski and travel. We are very pleased to have Mary aboard our team and know she will be an asset to the unlinked death clearance process.



Claudia N. Hardin is also a new employee who started in September of 2005. She has over 20 years of medical records transcription, including coding pathology reports and organizing tumor conference for the hospital oncology staff. Currently, Claudia is working with Owosso Memorial Healthcare in the Cancer Registry Department doing abstracting and casefinding. During her free time, Claudia enjoys reading romance novels, crafts, quilting, and spending time with her family. With her extensive background and experience, we know Claudia will be an asset to the MCSP team.



In March of 2006, Carmen Starkweather accepted the position of the Small Facility Abstractor for the Population and Provider Data Unit. Carmen has a Bachelor of Science degree in Medical Records Administration from Ferris State University and is certified as a Registered Health Information Administrator (RHIA). Carmen has extensive training and experience in health administration. She completed her technical and administrative internship with Spectrum Health System and worked as a tumor registrar at Spectrum Reed City Hospital. We are excited to have Carmen as a member of our team!

## New Position ~



Kari Borden accepted a new position as Abstracting Supervisor for the Surveillance Epidemiology and End Results (SEER) Detroit Metropolitan Cancer Surveillance System on February 20, 2006. In her new position, Kari will assist with training of cancer registries, quality control audit preparations, workshops, scheduling, abstracting and casefinding, assist with E-path procedures, and monitor completeness of casefinding and abstracting for the facilities in the Detroit Metropolitan Area. The MCSP staff was sad to see Kari leave, but wish her much success and happiness with her new position. Congratulations Kari!

## CoC Outstanding Achievement Award Recipients ~

The Commission on Cancer Outstanding Achievement Award (OAA) was designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. For surveys conducted in 2005, a facility that demonstrated a Commendation rating with the seven standards that represented the full scope of the cancer program (cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement), as well as, a Compliance rating for the remaining 29 standards was eligible for the OAA. Thirty-nine programs received the OAA in 2005. This number represents approximately 9% of the programs surveyed during this period.

The MCSP staff is pleased to announce that one program in Michigan achieved the Outstanding Achievement Award in 2005. Congratulations go to the **Battle Creek Health System!** The staff at the MCSP wishes to commend the hospital and registry staff on achieving this award. Way to go Battle Creek!

If there are any facilities that achieve this award in 2006, please contact your field representative Jetty Alverson at 517/335-8855 or [alversonj@michigan.gov](mailto:alversonj@michigan.gov), or Michelle Hulbert at 517/335-9058 or [hulbertmr@michigan.gov](mailto:hulbertmr@michigan.gov), as we would be very happy to share your achievement in an upcoming issue of the MCSP Update.

## National Cancer Registrars Week ~

In order to celebrate the valuable work that a cancer registrar performs; the National Cancer Registrars Association designated April 3-7, 2006, as "National Cancer Registrars Week." The staff at the Michigan Cancer Surveillance Program hopes that you have had a chance to promote the importance of the work you do, as well as, share how the data you collect is used to inform professionals and the public about cancer. We hope that you were creative, had fun and most of all are proud of the impact that Cancer Registrars make in the nations response to public health challenges. The MCSP staff sincerely appreciates your dedication and commitment to this field. *Happy National Cancer Registrars Week!*

## **Michigan Cancer Registrars Association (MICRA) ~**

This is an exciting time for MICRA. The Executive Board has hired a Webmaster, who is bringing a long time dream come true: A functioning web site! Although the web site is in the final phases of construction, you can begin to take a look at the new site at [www.miregistrars.org](http://www.miregistrars.org). The Executive Board has hired Mr. Matt Basgall of Owosso, Michigan to incorporate the ability to update and provide the following functions on the MICRA website:

1. Registration for the annual MICRA Educational Conference
2. All MICRA forms (membership, candidate profiles, nominations, etc)
3. MICRA Bylaws
4. Educational opportunities
5. Michigan Cancer Surveillance Program Updates
6. Minutes from the Executive Board meetings
7. Executive Board Roster
8. Speaker presentations from previous year Annual Educational Conference
9. Hyperlinks to other websites registrars use
10. Job postings

If you have any suggestions, please contact Crystal Beeman, MICRA President at [cbeeman@mch.net](mailto:cbeeman@mch.net). Once the website is functioning, Crystal can be contacted at [president@miregistrars.org](mailto:president@miregistrars.org).

## **Staging Moments Program ~**

The AJCC has developed a Staging Moments Program, which in brief are succinct case-based presentations for use as part of department weekly conferences (e.g., morbidity and mortality or tumor board). Slide sets are provided that include site-specific cases, the staging for that organ site, and the final stage for the case. The program will launch with three cases each for the following sites: breast, colorectal, melanoma, lung, cervix, ovary, pancreas, prostate, and uterus. Additional cases and additional sites will be added to the program over time. Availability will be posted on the AJCC website at [www.cancerstaging.org/education/media.html](http://www.cancerstaging.org/education/media.html). Currently, Breast, Colon and Pancreas are available.

## **Free CD-ROM or Video on TNM Staging ~**

Frederick Greene, MD, FACS, Chair of the AJCC has developed a presentation on the changes to staging the major disease sites featured in the 6<sup>th</sup> Edition of the AJCC Cancer Staging Manual. This presentation is available for free on video and CD-ROM to practicing physicians, surgeons, oncologists, residents-in-training, and cancer registrars. The American College of Surgeons (ACoS) and the National Cancer Registrars Association (NCRA) awarded a hour CME and CE credit, respectively, for this presentation. To order the free CD or video, access the ACS Publications and Services Catalog link at [www.cancerstaging.org/education/media.html](http://www.cancerstaging.org/education/media.html).

## **SEER\*RX – Interactive Antineoplastic Drugs Database ~**

SEER\*RX was developed as a one-step lookup for coding oncology drug and regime treatment categories in cancer registries. The information in this database is effective for cancer diagnoses made on January 1, 2005 and after. Review and recoding of drugs from previous years is not required or recommended. The program is free and can be downloaded at [www.seer.cancer.gov/tools/seerrx](http://www.seer.cancer.gov/tools/seerrx).

## **American Joint Committee on Cancer Schema Slide Library ~**

The AJCC has developed a slide library consisting of site-specific material covering a variety of tumors. This slide library is an excellent teaching tool to compliment tumor conferences, physician CME events, or resident teaching conferences. Each slide set includes the site-specific TNM, stage grouping, and pertinent survival data. These slide sets can be downloaded for free by clicking on the TNM Schema File link located at [www.cancerstaging.org/education/media.html](http://www.cancerstaging.org/education/media.html).

## **Central Cancer Registry Calendar of Operations ~**

The Central Cancer Registry Calendar of Operations, which is a product of the North American Association of Central Cancer Registries (NAACCR) Registry Operations Committee workgroup, is now available on the NAACCR website. The calendar includes the major functions of a central cancer registry or those performed by specific personnel. Additional uses of the calendar include a guide for Policy and Procedure Manuals, a guide for job descriptions and performance of timely work and a checklist. To access the calendar, go to the NAACCR website at [www.naacr.org](http://www.naacr.org). On the home page, scroll down to registry operations and then click on Central Cancer Registry Calendar of Operations.

## **Collaborative Staging Coding Instructions and Site Specific Factors ~**

If you have not previously done so, the MCSP staff strongly encourages registrars to present the CS site-specific factors at your next cancer committee meeting. As site-specific factors identify additional information needed to generate stage, or prognostic factors that have an effect on stage or survival, it is important that the physicians/staff are aware of the items that need to be documented within the medical record(s) in order for the registrar to code these fields.

As a reminder for coding CS fields for CS Tumor Size, CS Extension, CS TS/Ext-Eval, CS Lymph Nodes, CS Lymph Nodes-Eval, CS Mets at DX and CS Mets Eval, the dropdown menu on your software program does not contain the notes provided for each primary site, which help the registrar to select the proper code for that field. When coding these fields, please be sure to check the CS Manual first for the notes that are applicable to the coding of that field.

## **National Cancer Registrars Association 32nd Annual Educational Conference ~**

The annual conference will be held May 5-8, 2006 in Washington, DC at the Crystal Gateway Marriott Hotel located just minutes from the Washington Airport in the thriving Crystal City neighborhood of Arlington, VA. NCRA will once again offer pre-conference workshops, great keynote speakers, post-conference workshop and sight seeing tours. For further information regarding the conference you can visit [www.ncra-usa.org](http://www.ncra-usa.org), or contact the NCRA office at (703) 299-6640 ext 311, or email questions to [registration@ncra-usa.org](mailto:registration@ncra-usa.org).

## **2006 Certification Examination for Cancer Registrars ~**

The Certification Examination is administered during two 2-week testing periods on a daily basis, Monday through Saturday, excluding holidays, at LaserGrade Computer Testing Inc.'s computer-based testing facilities managed by Professional Testing Corporation.

NEW! Immediate reporting of test results for the Computer-based Exams are available to the candidates. For more information on 2006 Exam Handbook, application and exam dates, visit the NCRA website at [www.ctrexam.org/exam/index.htm](http://www.ctrexam.org/exam/index.htm). Fall testing dates are as follows:

Application Deadline: July 31, 2006

Testing Begins: September 16, 2006

Testing Ends: September 30, 2006

## **New Content Outline for the CTR Exam in 2007 ~**

Based on the findings of the Job Task Analysis, NCRA's Council on Certification has reviewed the current examination content outline and has made some adjustments, which will be implemented starting 2007. **No new categories or subjects have been added.** Some categories however have been combined and renamed, and a greater level of detail has been added. There will also be a slight change in the weighing of some subjects. A table of the comparison of the topics and weighing can be obtained from the NCRA website at [www.ctrexam.org/pdfs/ContentOutline07.pdf](http://www.ctrexam.org/pdfs/ContentOutline07.pdf).

The subject Registry Operations has gone from 30% to 25%; Anatomy, Physiology, and Histology, Abstracting and Coding, International Classification of Diseases for Oncology Coding Exercises (ICD-O-3), and Staging Exercises by Site have been combined into a category called Abstracting, Coding, and Follow-up and has gone from 52% to 55%; Statistics and Epidemiology and Computer Principles have been combined into a category labeled Data Analysis and Interpretation and has gone from 18% to 20%. There has also been a slight increase in the percent of the test in the open-book portion, which has gone from 16% to 20%. For more information on the new content for the 2007 CTR Exam go to [www.ctrexam.org](http://www.ctrexam.org).

## **New Eligibility Criteria for the CTR Exam in 2008, 2009 and 2010 ~**

If you are currently deciding when to take the CTR exam, new eligibility criteria will be implemented for 2008, 2009 and 2010. Current Eligibility Routes can be found at [www.ctrexam.org/eligibility/index.htm](http://www.ctrexam.org/eligibility/index.htm).

In 2005, NCRA contracted to have a 15-month study conducted by the University of California, San Francisco, and Center for Health Professions and School of Nursing. The primary goal was to develop a baseline understanding of the current workforce in the cancer registry field. Study methods included focus groups, key informant interviews, and an on-line survey. The final report of this study is titled *Frontline Workers in Cancer Data Management: Workforce Analysis Study of the Cancer Registry Field*.

Based upon the information in the final report and other feedback from the profession, the Council on Certification has spent the last two years reviewing all of the current eligibility criteria. In addition to the changes that have already been posted in the approved allied health fields to both Route 3 and Route 4, and the addition of Route 5 for advanced degrees, the

Council has announced the following schedule of modifications to the eligibility in the upcoming years.

**In 2008:**

**NEW Eligibility Route 1:**

Minimum two-years full-time (24 months or 3,900 hours) or equivalent experience in the Cancer Registry Field and two semesters of college-level courses in Human Anatomy and/or Physiology.

**Identified Change:** The additional educational requirement of two semesters of college-level courses in Human Anatomy and/or Physiology.

**In 2009:**

**NEW Eligibility Route 1:**

Minimum two-years full-time (24 months or 3,900 hours) or equivalent experience in the Cancer Registry field and the equivalent of one year (12 credits hours) of college education that includes two semesters of Human Anatomy and/or Physiology, one semester of Medical Science/Biology plus a college-level course in Medical Terminology.

**Identified change:** The educational requirement of the equivalent of one year (12 credits hours) of college education that, in addition to the required Anatomy and/or physiology requirements, includes the additional courses of one semester of Medical Science/Biology plus a college-level course in Medical Terminology.

**NEW Eligibility Route 2:**

Successful completion of an NCRA-approved Cancer Information Management Associate's degree; **OR** NCRA-approved college level curriculum in cancer data management/Cancer Registry **AND** successful completion of a minimum of an Associate's degree or equivalent (4 semesters/6 quarters).

Identified change: The educational requirement of a minimum of an Associate's degree or equivalent (4 semesters/6 quarters).

**In 2010:**

**Eligibility Route 1** will be eliminated, meaning that all candidates must apply through another route and that they have a minimum of an Associate's degree in an allied health field.

## **CTR Exam Prep Workshop CD ~**

For the first time, NCRA is offering an archived version of the CTR Exam Prep WORKSHOP on CD. You can virtually attend this workshop, which was originally scheduled on July 30, 2005. In addition to the presentations themselves, the CD contains supplementary practice exercises based on the CTR Exam Content. The CD includes presentations by Donna Gress, RHIT, CTR and Carol Schultz, RHIT, CTR on the following topics: ICD-O-3; Collaborative Staging: AJCC Staging Manual, 6<sup>th</sup> Edition; FORDS (2004 Revision); CoC Cancer Program Standards 2004; Stats and Epidemiology; Computer Principles; Central Cancer Registries; and Registry Organization and Operations. The member price for the CD is \$150.00 and the non-member price is \$185.00. To purchase the CD, visit the NCRA store at [www.ncra-usa.org/store/index.htm#merch](http://www.ncra-usa.org/store/index.htm#merch).

## **CTR Exam Prep ~**

The National Cancer Registrars Association (NCRA) Education and Educational Materials Committees have developed Exam Prep, which is a software product geared toward students and examination candidates preparing for the Certified Tumor Registrar (CTR) credentialing examination. Exam Prep is also geared towards the more experienced Cancer Registrar wanting to review key components of their registry practice. The price for the CTR Exam Prep is \$100.00 and can be purchased at [www.creducationcenter.org](http://www.creducationcenter.org).

## **Resources ~**

### **Journal of Registry Management**

The Journal Registry Management is the official journal of the National Cancer Registrars Association (NCRA). This peer-reviewed journal publishes papers on topics related to the management of health registries and the collection, management and use of cancer, trauma, AIDS and other health registry data.

### **The Connection**

The Connection is the official newsletter of the National Cancer Registries Association. This member-only newsletter publishes articles on NCRA topics related to the Board of Directors, Regional Directors, Committees, Liaisons, Council on Certification, State Cancer Registrars Associations, Executive Office, and much, much more NCRA member news.

The Journal of Registry and Management and The Connection are published four times a year. To sign up to receive these published resources, go to the member's only section at [www.ncra-usa.org/resources/pubs.htm](http://www.ncra-usa.org/resources/pubs.htm).

## **Educational Opportunities ~**

### ***NAACCR Cancer Registry Data Collection and Management Institute***

This workshop will focus on site-specific collaborative staging. The sites covered include corpus uteri, breast, lymphoma, head and neck sites, and lung. The curriculum was developed in conjunction with the Massachusetts Cancer Registry and will be hosted by the Massachusetts Cancer Registry in Boston, MA on May 23-24, 2006. For more information, visit the NAACCR website at [www.naacrr.org](http://www.naacrr.org).

### ***NCRA Online Education Center***

If you're looking for CE opportunities to maintain your CTR credential, the National Cancer Registrars Association Online Education Center provides Case Scenarios activities. The Case Scenarios are self-guided interactive case scenarios in which participants are presented with a mock medical record that includes demographical information and evaluation and treatment options. Each case scenario is followed by a set of assessment questions to test the participant's knowledge of abstracting. Topics include: Breast, Colon, Corpus Uteri, Head & Neck, Lung, Lymphoma, Melanoma, Ovary, Prostate and Thyroid. One Case Scenario is worth one CE credit hour and a limit of five completed CE hours will be awarded to a CTR during any two-year Continuing Education Cycle. The member price per case scenario is \$25.00. The non-member price per case is \$35.00. For more information, visit the NCRA Online Education Center at [www.creducationcenter.org](http://www.creducationcenter.org).

### ***Principles of Oncology for Cancer Registry Professionals***

*Principles of Oncology* is an intense 5-day training program in cancer registry operations and procedures emphasizing accurate data collection methods. The training program includes extensive site-specific, hands-on case coding, abstracting, and staging sessions (Collaborative Staging, summary staging and ICD-O-coding) using practice cases that are representative of the many situations registrars may face.

This program is suitable for cancer program employees (hospital-based and central registry based) with less than one year of experience but with minimal knowledge of cancer, anatomy, and medical terminology, as well as, registrars preparing for the certification examination.

This program is endorsed by the National Cancer Registrars Association (NCRA) and the North American Association of Central Cancer Registries (NAACCR) and recommended by the SEER Program of the National Cancer Institute (NCI). Classes will be offered at the following locations:

May 22-26, 2006 – Reno, Nevada  
July 17-21, 2006 – Little Rock, Arkansas  
December 4-8, 2006 – Reno, Nevada

For complete information about the curriculum, registration, and travel information, go to [www.afritz.org/courses.htm](http://www.afritz.org/courses.htm).

### ***Survey Savvy***

Not enough time or funds to travels? Well the CoC now offers the Survey Savvy: An Essential Workshop for Cancer Programs Committed to Providing High-Quality Care on CD. Complete with video/audio presentations, the program content includes the following:

Introduction to the Cancer Program Standards 2004  
Chapter 1: Institutional and Programmatic Leadership  
Chapter 2: Cancer Committee Leadership  
Chapter 3: Cancer Data Management  
Chapter 4: Clinical Management  
Chapter 5: Research  
Chapter 6: Community Outreach Survey Preparation Tips  
Chapter 7: Professional Education and Staff Support  
Chapter 8: Quality Improvement  
    CoC Special Studies  
    CoC Datalinks  
    National Cancer Data Base Benchmark Reports  
    Survey Application Record (SAR)

*\* Also provided are 45 sample Best Practices for Chapters 2-8.*

Certified Tumor Registrar (CTR) and Physician CE and CME credit hours are available. To order the CD online, go to the Cancer section of the Publications and Services catalog at [www.facs.org](http://www.facs.org), or call the CoC at (312) 202-5474. The cost for the CD of \$150 includes shipping and handling.

***The Commission on Cancer 2006 and Beyond: Measuring the Quality of Your Cancer Care***  
Featuring a variety of topics, this two-day conference will focus on quality issues which offer insight into effectively using the National Cancer Data Base (NCDB) for data-driven quality initiatives; clinical trial participation and the delivery of quality care; and methods for making a cancer program more effective. Targeted toward all cancer program team members, health care executives, administrators, quality managers, and payers, the conference will focus on the tangible means for measuring the level of quality care provided by a cancer program. The conference will be held June 19-20, in Chicago, IL. For more information, visit the CoC website at [www.facs.org/cancer/schedules/meetcon.html](http://www.facs.org/cancer/schedules/meetcon.html).

### **Inquiry and Response system: A Review of 2005 Activity ~**

The Inquiry and Response (I&R) System team comprised of the CoC technical staff, meets weekly to review questions submitted to the I&R and provide consensus answers. The team also utilizes physician and other expert curators (i.e., SEER, or NCI and NCDB analysts) who specialize in certain fields and provide additional input and support to the team.

The high volume of questions helped identify areas where the CoC and AJCC can improve communication. Upcoming issues of the *Journal of Registry Management* will contain information provided by the CoC and AJCC to educate registrars and clarify issues that have been identified as problematic through the I&R System. The first topic of discussion is the FORDS data item ***Date of First Contact***.

Clarifying language was added to the FORDS Manual that permitted updating of both the Class of Case and the Date of First Contact if a patient was originally abstracted as a Class of Case code 7 (pathology-only) and was subsequently admitted to the facility as part of first course of treatment.

1. The **Date of First Contact** is modified to the date the patient came to the facility.

*Example:* A patient has a biopsy of a skin lesion in an independent physician's office on November 1, 2005. The specimen is sent to the reporting hospital's pathology lab and read as "malignant melanoma." When the cancer registrar completes November 2005 casefinding, the case is considered to be a class of case 7 (pathology-only).

The patient is admitted to the facility in December 2004 for a wide excision. The patient's class of case is modified to reflect that treatment was provided by your facility.

*The Date of First Contact would be December 2005 and the Class of Case code is '2.'*

2. If a patient is diagnosed at a staff physician's office and comes to the reporting facility for first course of treatment, the **Date of First Contact** is the date the patient was physically present at the facility. The relationship between **Date of First Contact** and **Class of Case** can sometimes be confusing. As the staff physician is considered an extension of the CoC-approved Cancer Program, this would be a **Class of Case 1**.

*Example:* A patient was diagnosed with prostate cancer in a physician's office on September 1, 2005. The patient came to the reporting facility on September 15, 2005 for a radical prostatectomy.

*The Date of First Contact is September 15, 2005 and the Class of Case is 1.*

3. A patient is admitted for a diagnosis that is NOT cancer. During the course of the hospital stay, the patient is diagnosed with cancer. The ***Date of First Contact*** is the date the patient was diagnosed with cancer, NOT the date of the initial admission.

*Example:* On December 22, 2005, a patient was admitted with internal injuries following a motor vehicle accident. On January 3, 2006, a routine chest x-ray was performed that showed a mass in the upper lobe of the right lung. The physician ordered a fine needle biopsy on January 4, 2006 that was positive for "large cell carcinoma."

*The Date of First Contact is January 3, 2006; the date the mass was identified by the chest x-ray. Prior to that, the hospital had no idea it was dealing with a potential cancer patient.*

Source: Journal of Registry Management \* 2006 \* Volume 33 \* Number 1

## **What's New at the American Joint Committee on Cancer ~**

**Staff Departure** - Valerie Vesich, CTR Manager of the AJCC relocated in March to join the cancer program at St. Joseph's Hospital and Medical Center in Phoenix, AZ. Though the staff at the MCSP was sad to hear of Valerie's departure, we sincerely wish her much success and happiness in her new position in Phoenix.

**New AJCC Administrator** - The MCSP staff would like to welcome aboard the New AJCC Administrator, Karen Pollitt. Karen comes to AJCC with more than 20 years of experience in the healthcare field. She possesses strong analytic and problem-solving skills that will certainly help the AJCC move forward with the Seventh Edition of the AJCC Staging Manual. Karen can be reached via e-mail at [kpollitt@facs.org](mailto:kpollitt@facs.org).

**NCRA Liaison** - The staff at the MCSP would also like to welcome aboard Cynthia Boudreaux, LPN, CTR from Raceland, Louisiana, who was recently appointed to serve as the NCRA liaison to AJCC. As liaison, Cynthia will serve on the Collaborative Staging (CS) Task Force and Steering Committee. Since this past September, Cynthia has already attended close to 20 CS steering and CS Reliability conference calls, actively participating as your NCRA liaison representative and providing professional registrar input. Welcome aboard Cynthia!

**Patient Education Brochure, "Cancer Staging – What You Need to Know."** This brochure is designed to educate patients, families, friends and caregivers on cancer staging and the TNM system. It also provides useful information on the most commonly staged cancers and patient resources for cancer information. Available in English and Spanish, the AJCC cancer-staging brochure can be placed in patient waiting areas and patient resource centers. For pricing information on the brochure, visit the AJCC website at [www.cancerstaging.org](http://www.cancerstaging.org).

***The Cancer-Staging Poster Series*** – is also now available. Based on the AJCC Cancer Staging Manual, 6<sup>th</sup> Edition, the seven-poster set includes the TNM classification, stage grouping, and anatomic drawings for the following disease sites: breast, melanoma, lung, cervix, pancreas, prostate and colon and rectum. These 17” x 22”, four-color, smudge-resistant posters are useful teaching and reference aids that can be displayed in physician offices, dictation areas, pathology departments, Cancer Registries, and at Tumor Board and Cancer Conferences. For pricing information on the cancer staging poster series, visit the AJCC website at [www.cancerstaging.org](http://www.cancerstaging.org).

## **F**acility Oncology Registry Data Standards Data Change Reminders ~

The FORDS errata posted in October 2005 introduced a code change for the data item, *Primary Payer at Diagnosis*, and added some new items. The change and new items are as follows:

***Class of Case 0 Patients Diagnosed in 2006:*** Members of the Commission on Cancer (CoC) voted to change two requirements regarding Class of Case 0 cancer patients at CoC approved facilities beginning with cases diagnosed in 2006. Briefly, the following changes were made for cases diagnosed in 2006 or later. A summary for coding Class of Case 0 tumors is available at [www.facs.org/cancer/ncdb/class0.pdf](http://www.facs.org/cancer/ncdb/class0.pdf).

- Physicians in CoC approved facilities will no longer be required to AJCC stage disease in Class of Case 0 patients.
- Registrars in CoC approved facilities will no longer be required to provide life time follow-up for Class Case 0 patients. (This means that the formula used by CoC facilities to determine follow-up rates will exclude Class of Case 0 patients from the numerator and denominator.

It is recommended that registrars review their practices for assigning Class of Case (see FORDS, pages 5-6 and 83). In order to confidently assign Class of Case 0, it may be necessary to track patients long enough to be assured that the treatment plan included treatment to be administered elsewhere and that the patient went to another facility after diagnosis.

***Primary Payer at Diagnosis:*** Several codes for this data item have changed to maintain consistency with reimbursement categories that took effect on January 1, 2006. Registrars are to code all newly abstracted cases according to the new codes, regardless of when the cancer was diagnosed.

***Systemic/Surgery Sequence:*** This new data item is modeled after *Radiation/Surgery Sequence*. It should have a non-zero value recorded when a patient has been treated with a procedure coded under any of three surgery items (*Surgical Procedure of the Primary Site*, *Scope of Regional Lymph Node Surgery*, and/or *Surgical Procedure/Other Site*) AND a procedure coded under any four systemic items (*Chemotherapy*, *Hormone Therapy*, *Immunotherapy*, and/or *Hematologic Transplant and Endocrine Procedures*). The item should be coded as a zero (0) when either surgery or systemic therapy was NOT given to the patient. This item is required to be recorded for all cases diagnosed January 1, 2006 or later. If it is transmitted to the NCDB for earlier cases, it will be ignored.

**Comorbidities and Complications # 7-10:** These items are identical to the ones already collected and allow additional fields for patients with more than six comorbidities or complications. Coding of these additional items was required beginning January 1, 2006, where appropriate.

**Delayed planned first course treatment:** Use treatment codes 88 and dates of 88888888, as defined in FORDS, to indicate planned treatment that has not yet been given (or until follow-up confirms whether the planned treatment was given), and use those codes as ticklers to record treatment details at the next follow-up. Once first course of treatments have been completed, these codes should be changed (to unknown or not given, depending on the circumstances) if the cancer progresses or recurs or the patient dies, if no further follow-up treatment information can be obtained.

### **North American Association of Central Cancer Registries Certification ~**

The NAACRR instituted a program in 1997 that annually reviews member cancer registries for their ability to produce complete, accurate, and timely data. The registry certification program recognizes those registries meeting the highest standards of data quality with Gold or Silver recognition certificates for each data year. Michigan submitted cancer case data for diagnosis years through 2003 to NAACRR in November in response to their Call-for-Data and to request the annual database assessment that they offer.

GOOD NEWS.....The Michigan Cancer Surveillance Program was presented with a GOLD certificate by NAACRR for their 2003 data and each individual year from 1999 through 2003. Receiving this Gold certificate would not have been possible without the commitment and dedication from each of you. Your efforts in providing quality, accurate and timely data contributed towards making this possible for Michigan! We, the MCSP staff would like to thank each of you for your contributions.

### **MCSP Staff ~**

If you have any questions regarding cancer reporting or would like more information about in-services, please feel free to give one of us a call. In addition, if you are unable to download any of the materials listed throughout the *Update*, do not hesitate to contact us; we would be more than happy to send you copies.

Jetty Alverson, CTR	(517) 335-8855	<a href="mailto:alversonj@michigan.gov">alversonj@michigan.gov</a>
Claudia Hardin	(517) 335-9967	<a href="mailto:hardinc@michigan.gov">hardinc@michigan.gov</a>
Michelle Hulbert, BS, RHIA, CTR	(517) 335-9058	<a href="mailto:hulbertmr@michigan.gov">hulbertmr@michigan.gov</a>
Won Silva, MA	(517) 335-9397	<a href="mailto:silvaw@michigan.gov">silvaw@michigan.gov</a>
Carmen Starkweather, BS, RHIA	(517) 335-7485	<a href="mailto:starkweatherc@michigan.gov">starkweatherc@michigan.gov</a>

#### **Submission of Data**

Upon reaching a diagnosis of an in-situ or invasive cancer or providing treatment for a patient diagnosed elsewhere, a hospital or laboratory **MUST** report the case to the Michigan Cancer Surveillance Program (MCSP) **within 180 days or six months from the date of initial diagnosis**. Benign/borderline intracranial and CNS tumors **MUST** also be reported to the MCSP within this same time frame. Even though the cases are to be submitted within 180 days, **monthly or quarterly** submissions are preferred. (Electronic submission of data is preferred on Compact Disc; CR-R, CR-RW.)