

Michigan Cancer Surveillance Program

April 2008 Update

MCSP Workshops ~

The Michigan Cancer Surveillance Program (MCSP) will be offering General Cancer Reporting Workshops, as well as, Multiple Primary and Histology (MP/H) Coding Rules and Collaborative Staging (CS) Workshops in Lansing. The objective of the General Cancer Reporting workshop is to provide attendees with the basic tools necessary to collect cancer data. For the MP/H and CS workshops, the objective is to provide attendees with the necessary tools to collect multiple primaries and collaborative staging data items. The dates of the workshops are as follows:

May 7-9, 2008: MP/H Coding Rules and CS Workshop
June 25-27, 2008: General Cancer Reporting Workshop
September 24-26, 2008: MP/H Coding Rules and CS Workshop

Registration is free; however, space is limited. If you have not registered for a workshop but are interested in attending, please contact your field representative Michelle Hulbert at 517/335-9058 or HulbertMR@michigan.gov, or Jetty Alverson at 517/335-8855 or AlversonJ@michigan.gov.

New HPV Pilot Study ~

Currently, Human Papilloma Virus (HPV) vaccines have proven to be greater than 95% effective in preventing cervical HPV infection and cancer precursor lesions for HPV type 16 & 18. Even though the effectiveness of this vaccine is high in clinical trials, it is important to evaluate the vaccine's success in impacting cervical cancer rates in the United States. At present, there is no systematic effort to track HPV typing of cervical cancer cases. The Centers for Disease Control and Prevention (CDC), in collaboration with Battelle (a nonprofit research organization), has begun a pilot study entitled "*Monitoring the Impact of a Prophylactic HPV Vaccine on HPV Types in Cervical and Other HPV Associated Cancers: Using Tissues from Central Cancer Registries.*"

The Michigan Cancer Surveillance Program is collaborating in this study and has identified approximately 1,245 cervical and other associated HPV cancer cases diagnosed prior to 2006, when the HPV vaccine came into use. Pathology tissue from these cases will be requested from hospitals and laboratories in order to determine the baseline prevalence and distribution of HPV type present in cervical cancer cells. Data obtained from this pilot project will assist CDC's efforts in creating an ongoing national surveillance system for HPV types among cervical and other HPV associated cancer cases.

This is where you can help! The MCSP will soon be identifying eligible HPV cases and contacting local hospitals and laboratories to solicit participation in this important study. Facilities that participate will be reimbursed for preparing, reporting, and shipping the tissue samples to CDC. In April, the MCSP staff will be contacting facilities and laboratories identified with eligible cases. Your assistance and support in helping the MCSP with this pilot study is sincerely appreciated.

Correction to Rule M4 in the Benign Brain and CNS Multiple Primary Rules ~

A correction has been issued for Rule M4 in the Benign Brain and CNS MP/H on the SEER website at http://seer.cancer.gov/tools/mphrules/benign_brain.html.

Rule M4 currently reads as:

Tumors with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries.

The corrected wording is:

Tumors with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxxx), or fourth (Cxxx) characters are multiple primaries.

MP/H Clarifications ~

Clarifications for the 2007 MP/H Coding Rules were revised February 8, 2008, and are available at <http://seer.cancer.gov/tools/mphrules/download.html>. A list of clarifications for the 2007 MP/H coding rules were developed by NCI/SEER based upon questions and comments from registrars. The clarifications include changes in wording and more detailed explanations of select items and definitions in common problem areas.

Release of Collaborative Staging System Version 01.04.01 ~

Collaborative Staging (CS) version 01.04.01 was released on March 25, 2008. The task force has resolved issues with the computer and algorithm for deriving prostate AJCC categories and stage group, and breast histology 9020 so it can be staged. The corrections affect *software vendors ONLY*. There are NO CHANGES to the printed CS Manual 01.04.00 or its PDF counterpart, codes, or text. All programming files for this release are available for download from the CS Web page on the American Joint Committee on Cancer's (AJCC) Web site at <http://www.cancerstaging.org/cstage/index.html>. The CS Version 01.04.01 documents available online include:

- CS Algorithm DLL and All Release Files
- Release notes (contained in the following documents):
 - Vendor Actions CS Version 01.04.01
 - Recoding Specs V010400 updated 02/28/08

Changes in the new version affect some derived fields. Recommendations have been made to the vendors to deliver these updates to their clients as soon as possible. Your software vendor will provide instructions with the update on how to re-run the algorithm on all cases previously entered with older versions, ensuring derived fields for all cases will be consistent with version 01.04.01. All updates and recoded cases (required for review for version 01.04.00) must be completed and in 04.04.01 form by the time of the NCDB Call for Data submission that begins in the fall of 2008. *EXCEPTION:* Users of the MCSP Abstract Plus will receive update instructions later this year from the MCSP. Any cases submitted prior to the MCSP update will be re-run by the MCSP.

Submission of Data Coding Issues ~

There are some coding issues that have been identified with data submitted to the MCSP.

Issue # 1: Coding of Meningiomas

Fact: Meningiomas arise in the meninges. The ICD-O-3 topography code (primary site) for Meningiomas must be coded as Cerebral Meninges (C70.0), Spinal Meninges (C70.1), or Meninges, NOS (C70.9). Do NOT code the primary site for Meningiomas to Brain (C71._).

The lobes are merely geographic landmarks.

- A meningioma of the “left frontal lobe” is coded to C70.0 (cerebral meninges)
- Meningiomas can (and do) invade bone, but are still benign

Issue # 2: Coding of Schwannomas

- Must be intracranial or intradural
- When specific intracranial site is not identified, code primary site to C75.2 (Cranial Nerves, NOS)
- Do NOT accession (report) benign or borderline “extradural” tumors of the spinal area

Issue # 3: Coding of Hemangiomas

- Code to site of origin, NOT blood vessel
- Remember, blood vessels and lymphatics within an organ are considered part of the organ.
- A Hemangioma of the temporal vein is coded to C71.2 (Temporal Lobe), and NOT to C49.0 (Soft tissue, blood vessel of head).

Issue # 4: Coding diagnosis of “B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma.”

The World Health Organization (WHO) diagnosis of “B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma” is coded as 9823/3, and cross-referenced to 9760/3, “malignant lymphoma, small B lymphocytic.” Code to the following scenarios.

If this WHO term is diagnosed in blood or bone marrow code the histology as “B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma (9823/3), and code the primary site as *“bone marrow (C42.1).”*

If this WHO term is diagnosed in tissue, lymph nodes or any organ in combinations with blood or bone marrow, code the histology as “B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma,” which is cross-referenced to “small B-cell lymphocytic lymphoma (9670/3), and code the primary site to the *“specific lymph node chain (C77.0-C77.9) or to the extranodal site of origin.”*

Cancer Registrar Training Resources ~

SEER Self-Instruction Manuals for Tumor Registrars: The following self-instruction manuals for tumor registrars are available on the SEER Web site at <http://www.seer.cancer.gov/training/manuals>.

- Book 1 - Objective and Functions of a Tumor Registry (1999)
 - Book 2 - Cancer Characteristics and Selection of Cases (1991)
 - Book 3 - Tumor Registrar Vocabulary: The Composition of Medical Terms (1992)
 - Book 4 - Human Anatomy as Related to Tumor Formation (1995)
 - Book 5 - Abstracting Medical Record: Patient Identified, History, and Examinations (1993)
 - Book 6 - Out of print, substitute: Summary Staging Guide (1977)
 - SEER Summary Staging Manual - 2000
 - Book 7 - Statistics and Epidemiology for Cancer Registries (1994)
 - Book 8 - Antineoplastic Drugs (Third Edition, 1993)
- NOTE: The SEER *Rx - Interactive Antineoplastic Drugs Database, which was developed to replace Book 8 as an annually updated list of oncology drug and regimen treatment categories is available at <http://www.seer.cancer.gov/tools/seerrx>.

National Program of Cancer Registries (NPCR): The following training materials are available from the NPCR Web site at <http://www.cdc.gov/cancer/npcr/training>.

- Brain Tumor Registry Reporting Training Materials
- Education Materials for Cancer Registrars
- How to Collect High-Quality Cancer Surveillance Data
- Cancer Surveillance System Rationale and Approach

National Cancer Registrars Association (NCRA): NCRA's online education center offers the following resources for cancer registrars at www.creducationcenter.org.

- Case Scenarios: Self guided interactive case scenarios in which participants are presented with a mock medical record. Every case scenario is followed by a set of assessment questions to test the participant's knowledge of abstracting.
- CTR Exam Prep: This online Exam Prep contains questions based on content from the CTR Exam. Participants receive immediate feedback regarding answers and study references are given for further aid in studying for the exam.
- JRM CE Quiz: The Journal of Registry Management (JRM) is the technical journal of the National Cancer Registrars Association. Published 4 times a year, each issue of the JRM offers a Continuing Education Quiz based on one published article. Pass the CE quiz and receive one CE credit towards your CTR maintenance.
- Encore Sessions: Synchronized video, sound and presentation material are captured for a wonderful learning experiencing for those who missed the NCRA Educational Conference.

Fundamentals of Registry Operations: This education series includes eight training sessions developed by the North American Association of Central Cancer Registries (NAACCR) for the National Program of Cancer Registries (NPCR). These materials address various cancer registry functions and the necessary procedures for each. This series is an excellent training resource for new employees and provides reference materials for the experienced professional in either the central or hospital registry. The training includes general and specific information on each subject, tutorials, and a comprehensive test. The training sessions listed below are located at <http://www.cdc.gov/cancer/npcr/training/training-sessions.htm>.

- Session 1: Case Ascertainment
- Session 2: Principles of Abstracting
- Session 3: Data Editing and EDITS
- Session 4: Coding and Visual Editing
- Session 5: Follow-up: Active and Passive
- Session 6: Audits: Casefinding and Reabstracting
- Session 7: Data Collection and Coding: Race and Ethnicity
- Session 8: Basic Cancer Epidemiology and Biostatistics

Preparing for the CTR Exam: A. Fritz and Associates will be offering a CTR Exam Prep Workshop in August 2008 (if there is enough interest). It is a concentrated 2 ½ day review of all the areas that may be tested on the CTR exam. The workshop has been designed to cover the revised 2008 content of the exam, emphasizing areas that are not usually covered in state meetings or in other short CTR exam prep workshops. The program provides nearly 18 hours of classroom presentations and discussion. In addition, this workshop is unique in providing case exercises to work on in the evening and discuss as a group the following morning. The final day includes a 3-hour practice exam to take under conditions similar to that of the real CTR exam. Following completion of the exam, you will again have immediate feedback and discussion of your answers. For further information visit www.afritz.org.

Principles of Oncology for Cancer Registry Professionals: Principles of Oncology is a concentrated five-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 using practice cases that are representative of the many situations registrars my face. For more information, go to <http://afritz.org/pocr.htm>.

Training for the Multiple Primary and Histology Coding Rules: Basic MP/H Training Materials and Training Web Casts are covered in several modules, and continuing education units can be requested from the National Cancer Registrars Association. The presentation materials are available on the SEER Web site at <http://www.seer.cancer.gov/tools/mphrules/training.html>.

SEER Inquiry System (SINQ): The SEER Coding Inquiry site has a series of questions with respective answers on how to code cancer cases that you can preview and/or download. You can also use the site to ask a question on how to code a particular cancer case. The SEER Inquiry System Web site is located at <http://www.seer.cancer.gov/seer inquiry>.

Frequently Asked Questions for Collaborative Staging (CS): A list of the frequently asked questions answered by the CS Steering committee on general rules and how to use the CS rules in specific situations is available on the SEER Web site at <http://www.cancerstaging.org/cstage/faq.html>.

Future Changes in Data Submission to the MCSP ~

The MCSP is currently in the process of switching over to a new software system that will allow for consolidation of cancer data. Early this spring the MCSP will be providing facilities with information on GenEdits, which is a software program that is used to edit registry data. Facilities will be required to run GenEdits prior to submission of data to the MCSP, and to correct any coding errors in advance. Monthly submission of data is strongly encouraged by the MCSP, as submissions identified with edit issues after the new requirement goes in effect will be rejected and returned to the facility for review and recoding of data.

The MCSP is committed to assisting facilities with maintaining the highest level of data quality possible. As submissions are a valuable resource utilized to assess and improve the quality of cancer patient care, running GenEdits on data prior to submission to the MCSP will help to provide quality data that can be used for comparison of treatment and outcomes with regional, state, and national patterns. The MCSP wishes to thank you for your participation and support of this new requirement.

MCSP Staff

If you have any questions regarding cancer reporting, 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.

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