

Michigan Cancer Surveillance Program

July 2007 Update

Cases Due!

All cases diagnosed in *2005 and 2006* are to be submitted to the cancer surveillance program by *August 31, 2007*. If you have not submitted your cases, please contact your field representative to make arrangements.

FTP Site

The MCSP has established an FTP site for secure data transfer or submission of cases. If you do not already have an SSO account, please contact Terry McTaggart or Won Silva to obtain one for your facility. If you are sending data through CD/Diskette, you must encrypt the submission file using Winzip AES 256 bit encryption. To purchase a copy of Winzip, visit their website at www.winzip.com.

As of September 1, 2007, unencrypted files will no longer be accepted by MCSP for data security/confidentiality requirements.

MCSP also provides free abstracting software called Abstract Plus which is developed and maintained by the Centers for Disease Control (CDC). Abstract Plus is easy to use and has built-in edits to check your data before you extract a file to submit to the State. All facilities without computerized registry are recommended to use Abstract Plus and submit data through the FTP site. If you want to schedule an installation and a short hands-on training, please contact your MCSP field representative, Jetty Alverson or Michelle Hulbert.

Due to availability of FTP and Abstract Plus, MCSP also requests that any facility that reports more than 100 cases per year receive permission to submit data on paper. Permission to continue submitting cases on paper must be obtained by September 1, 2007.

MP/H Rule Clarifications

There are two issues that have come to our attention from the multiple primary/histology rules.

Issue # 1: A number of participants have gotten the impression that bladder tumors occurring more than 3 years apart are to be accessioned as separate primaries.

Fact: Rules are used in hierarchical order.

Rule M5 If a bladder tumor is non-invasive or in situ and recurs as an invasive, it is a new primary.

Rule M6 All other papillary/transitional cell bladder tumors that recur are a single primary (recurrence).

This means all subsequent occurrences of papillary/transitional cell bladder tumors are the same primary (recurrences). You never reach rule M7 (the three year rule) for papillary/transitional cell tumors of the bladder.

Issue # 2: The combination code ‘8255 Adenocarcinoma with mixed subtypes’ should never be used unless you have reached the combination code rule AND all of the histologies match those in the site-specific table. Using this rule indiscriminately has created some real analysis problems. Only use the rules when the types match those types in the combination code chart.

NAACCR Posters

The State’s very own Glenn Radford and Georgia Spivak, both Statisticians’ submitted poster’s to the NAACCR 2007 annual conference. This year’s conference theme, “Cancer Knows No Borders,” highlighted the international scope of NAACCR and its members as well as the integration of the numerous specialties and disciplines that are involved in cancer registration, treatment and research. The focus of the presentations was on knowledge gained from this multidisciplinary approach to research, surveillance and outcome evaluations.

Synthetic Treatment Codes from Medical Claims Data GH Radford, M.A.

Michigan Department of Community Health (MDCH), Lansing, Michigan

In 2006, a pilot study began using 1996 to 2000 Medicare and Medicaid claims to investigate the use of CPT and ICD-9CM procedure codes to derive first course of cancer treatment data.

Certified Tumor Registrars (CTR), who are experts in the collection of cancer data, examined and coded a set of claims for colon cancer patient’s over the age of 65. An analyst then wrote computer programs to code site-specific surgery by simulating the CTRs’ analysis. The algorithm detected 5,807 new colon cancer surgeries, which had gone previously unreported. The results showed about a 55-78% match between the colon cancer surgery codes reported to the Michigan cancer registry, with better matching among the more common types of surgery. The derived 2004 FORDS surgery codes were expected to differ somewhat from the registry values collected in the older ROADS format. However, differences in the billing and SEER coding systems, and incomplete information also contributed to discrepancies between the reported and derived treatment.

CANCER RELATIVE SURVIVAL RATES FOR MICHIGAN RESIDENTS

GH Spivak, B.S. and GE Copeland, M.B.A.

Michigan Department of Community Health (MDCH), Lansing, Michigan

The release of the 2003 cancer incidence data marks the first publication of survival rates for the Michigan Cancer Surveillance Program. Survival rates were developed through passive surveillance of mortality by matching the registry with state and national mortality files. Cancer incidence data for patients not known to have died and / or not matched to a Michigan death registration are forwarded for a search to the National Death Index annually. The cancer incidence files were converted to the format required for the National Cancer Institute SEER*Stat software. Relative survival rates were prepared for all sites combined, and for the four leading sites. SEER*Stat was used to compile tables for one, three and five years of survival, for years of diagnosis 1985-2002, by race and gender, for both Michigan residents and SEER areas for comparison. The rates were also calculated by stage at diagnosis for stages localized, regional, distant and unknown. Survival varied by race and gender. For cancers of the colon and rectum, survival tended to be higher for white Michigan residents. Differences by gender occurred, however, with white females having slightly higher survival rates than white males, while black males outlived their female counterparts. Prostate cancer survival rates have increased dramatically for localized and regional stages since the mid 1980’s, to a rate of virtually 100% for both Michigan and SEER residents.

What is a NPI?

On January 23, 2004 the Centers for Medicare & Medicaid Services (CMS) published the final rule for the National Provider Identifier (NPI). The rule establishes a standard for using a nationally assigned NPI that will be required for all electronic health care transactions. All providers who submit health care transactions electronically must begin using the NPI by May 23, 2007. The NPI will replace health care provider identifiers (i.e. Medicaid Provider ID, Medicare Legacy ID, commercial insurance provider IDs) that are in use today. Implementation of the NPI will eliminate the need for health care providers to use different identification numbers when conducting HIPAA standard transactions with multiple health plans. This will be a 10 digit all numeric number that does not offer information about the provider. This number will eliminate the need for other identifiers with all health insurers (Medicare, Medicaid, BC/BS, Delta Dental, etc).

How do I get a NPI? Do I need one?

All health care providers are eligible to obtain and use a NPI. Medicaid and Medicare will require NPI on paper and electronic claims. That means that all Medicaid and Medicare Providers who are eligible to receive a NPI must obtain and use a NPI. Providers who do not provide health care as defined by CMS but do provide health related services, nonemergency transportation, respite services, and adult foster care, are not eligible to obtain a NPI. For application and enumeration visit <https://nppes.cms.hhs.gov/>.

What are subparts?

CMS requires that the legal entity of an organization health care provider enumerate a subpart if the subpart would be considered a covered health care provider as a separate legal entity. Subparts are components of the organization. If a subpart conducts their own standard transactions, they must obtain an NPI. It is up to the organization provider to determine what subparts need a NPI to be identified on transactions. If you are unsure whether you are a subpart of your organization you must consult the greater legal entity of your organization for their decision.

Examples of subparts:

Hospitals may determine subparts to be rehabilitation units, psychiatric units, acute care services, therapy services, renal dialysis, surgical centers, etc...

Where do I go for updates?

- ◆ www.michigan.gov/mdch >>Providers>> National Provider Identifier (NPI)
- ◆ <http://www.cms.hhs.gov/NationalProvIdentStand> - Full policy and Medicare Recommendations
- ◆ <http://www.wedi.org/> - Provider based NPI Workgroups and Analysis (Subparts)
- ◆ <https://nppes.cms.hhs.gov/> - To apply for a NPI
- ◆ <http://www.wedi.org/npioi/> - The WEDI - NPIOI (Outreach Initiative)

NPI Capture

- ◆ <https://sso.state.mi.us> - Report your NPI to MDCH. For further instructions on use of this application go to: www.michigan.gov/mdch >>Providers>> National Provider Identifier (NPI)

Pathology Terminology

Terminology for cervical tumors! High grade “glandular” intraepithelial neoplasia is the same as adenocarcinoma in-situ. According to Pathology of the Female Reproductive Tract (S.J. Robboy, M.C. Anderson, P. Russell; Churchill Livingstone; Subsequent edition (November 1, 2001), it has been suggested that three grades of CGIN (cervical glandular intraepithelial neoplasia) should be recognized to standardize the terminology with that used for squamous CIN, but this is almost certainly unrealistic. A more practical approach is to divide the spectrum of glandular changes into two grades. These are variously referred to as low-grade CGIN and high-grade CGIN (or glandular atypia and adenocarcinoma in situ or glandular dysplasia and adenocarcinoma in situ.)

With this information, the MCSP will be adding CGIN to its required reportable conditions list. Please make a note of this and if you have any questions, feel free to contact your field representative.

MICRA Conference

The Michigan Cancer Registrars Association will be holding their annual conference on Thursday, October 11, and Friday, October 12. The conference will be held at the **Ramada Plaza Hotel** in Grand Rapids, Michigan. April Fritz will be presenting “Using Your Cancer Registry Data.” In addition, there will be topics on melanoma, radiation therapy, vulvar cancer, pathology and the treatment of breast cancer. Registration is due by September 11, 2007 and fees are:

Members: Both Days \$175.00
Non-Members: Both Days \$200.00

If you do NOT receive a brochure by the end of July, please contact Cari Vida at cvida@stmarysofmichigan.org.

Round Table

Following the webinar on September 13, at Central Michigan Community Hospital in Mt. Pleasant, the area cancer registrars will be hosting their regular round table. The round table offers an opportunity for registrars to gather and discuss day to day activities in operating a hospital based cancer registry. If you are interested in attending please contact, Shari Pifer at 989.772.6843.

Treatment Exercises

The National Cancer Institute in collaboration with the Rollins School of Public Health at Emory University is pleased to announce that coding of cancer treatment has been added to the exercises of the site-specific web-based training modules. Currently treatment exercises have been added for the four major cancers: breast, prostate, lung, and colorectal. Over the next few weeks, treatment exercises will be added to each of the remaining site-specific modules. The exercises are designed to help registrars learn how to appropriately record and code the first course of cancer directed therapy. Go to: www.training.seer.cancer.gov to check out the new exercises.

Webinars

The North American Association of Central Cancer Registries (NAACCR) has developed a series of webinar's for cancer registrars addressing cancer data collection for specific sites. Didactic exercises will be completed and answered with the rationale presented, along with a question and answer session. Continuing education (CE) hours will be provided. The schedule for the webinars is as follows:

Each of the webinars will be hosted by the MCSP in Lansing at 201 Townsend Ave in the Capital View Building; unless noted by that specific date. If you are interested in hosting one of the sessions at your facility and/or would like to attend the webinars, please contact one of the following individuals

Hospital Based Information

Carmen Starkweather at 517.335.7485 or starkweatherc@michigan.gov.

<u>Date</u>	<u>Title</u>
September 13, 2007	Abstracting Breast Cancer Incidence and Treatment Data Hosted by Central Michigan Community Hospital, Mt. Pleasant

Central Registry Based Information

Claudia Hardin at 517.335.9967 or hardinc@michigan.gov

<u>Date</u>	<u>Title</u>
July 19, 2007	Prostate Cancer Surveillance Data Collection
August 16, 2007	GIS Applications: Great Circle Distance Calculations, Cartography and Mapping Registry Data
September 20, 2007	Statistical Techniques Used to Analyze Surveillance Data: Trend Analysis

Pinciples and Practice of Cancer Registration, Surveillance, and Control Training

July 23-27, 2007 October 15-19, 2007

This intensive and comprehensive training program is taught by a staff of recognized experts in cancer registration, surveillance, and control. The [instructors](#) are accomplished adult trainers and are recognized as leaders in their fields. The training will be held at the **Holiday Inn Express Hotel and Suites**, Decatur, Georgia, located in the Atlanta-Emory University area.

For further information visit <http://www.sph.emory.edu/GCCS/training/practice/>.

Survey Savvy

Wednesday and Thursday, August 1 & 2, 2007
InterContinental Hotel Chicago, Chicago, IL

This workshop will address current standard and information set forth in Cancer Program Standard 2004 Revised Edition and focus on customizing and utilizing best practice examples to go beyond basic compliance with the CoC standards. For registration and fee information visit <http://www.facs.org/cancer/coc/surveysavvy.html>.

Pre-Survey Savvy Workshop

Tuesday, July 31, 2007

InterContinental Hotel Chicago, Chicago, IL

The CoC will also offer two half-day pre-workshop sessions – one for individuals from Network Cancer Programs (NCP), the other for individuals from Pediatric Cancer Programs (PCP) and Pediatric Cancer Program Component (PCPC) Programs. For registration and fee information visit <http://www.facs.org/cancer/coc/surveysavvy.html>.

CTR Exam Readiness Webinar

The CTR Exam Readiness Webinar series, developed by NAACCR, will begin to the September 2007 CTR exam. The course includes seven two-hour sessions carefully prepared to reflect the changes to the 2007 CTR exam, a one-hour review session and a short follow-up post-exam session. Sessions will be held weekly beginning July 25, 2007.

For additional information including a syllabus and registration form, visit the Education and Training page on the NAACCR web site <http://www.naacr.org>.

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.

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