

Michigan Cancer Surveillance Program July 2008 Update

Cases Due ~

All cases diagnosed in 2006 are to be submitted to the Michigan Cancer Surveillance Program by **August 1, 2008**. If you have not submitted your 2006 cases, please contact your field representative as soon as possible to make arrangements to do so. For the 2007 diagnosis year, all cases must be submitted by September 1, 2008.

If you are in the tri-county area, Macomb, Oakland or Wayne County, please contact Jeanne Whitlock, SEER-MDCH Project Coordinator, for questions or concerns at 1.866.220.5817.

Submission of Cases ~

For those facilities that submit cases electronically and are *using the FTP site*, it is imperative that you receive a confirmation e-mail from Wendy Stinnett. The e-mail is essentially a receipt for the submitted cases and they have been loaded to the registry with success. If you do NOT receive a confirmation e-mail, we did not receive your cases and you must contact Wendy at 517.335.8747 or stinnett@michigan.gov for further instructions.

It is important to submit cases to the FTP site at least bi-monthly. When your account becomes inactive, the system will automatically change your password. Some of you have experienced this issue already. Please do not be concerned with the actual number of cases you are submitting, you simply must maintain an active account.

MCSP Workshops ~

The Michigan Cancer Surveillance Program 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:

September 24 - 25, 2008 Multiple Primary & Histology/Collaborative Staging

December 10 - 12, 2008 General Cancer Reporting Workshop

We are currently working on scheduling dates for 2009 workshops.

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 517.35.8855 or AlversonJ@michigan.gov.

Multiple Primary and Histology Coding Reliability Study ~

What does the study involve?

The primary sites included in the study are: breast; colon; lung; kidney; bladder, ureter and renal pelvis; head and neck; brain; melanoma of skin, and other sites. You will be assigned four of these sites and will

complete four cases for each site – a total of 16 cases. For example, you may be assigned four breast cases, four kidney cases, four lung cases and four melanoma cases. When you complete the 16 cases, you may request an additional set of 16 study cases. You will be assigned 16 additional cases from sites other than those in your first set of 16. No more than 32 study cases can be coded by a single participant.

What data items will you code?

For each case you will answer the question: Is this a multiple primary? (Yes/No)

For each primary, you will code the histology and the behavior.

When and where will the study take place?

This study will be conducted on the SEER website. You will need Internet access to be able to participate. The reliability study will open for participants to register and code the **practice cases** at 8 AM Eastern time on Monday, August 25. The website will be open for participants to do the **study cases** at 8 AM Eastern time on Monday, September 8. The website will be closed at 8 AM Eastern on Monday, September 22.

How do you sign up?

The website will be available for registration at 8 AM Eastern time on August 25, 2008. Go to the website <https://reliability.seer.cancer.gov> to register for the study. If you participated in the 2008 CS Reliability study, use the same username and password that you used for the CS Reliability study. Click the Reset Password button if you have forgotten or lost your password. Otherwise, request a new account by clicking the request one from the administrator link. Enter your name, a username of your choice, and a password that you can remember. Your username must be at least four characters long and may be alpha, numeric, or alphanumeric. The password must be at least six characters in length and may be alphabetic, numeric, or alphanumeric. You will also be asked to enter a contact telephone number and email address.

A registration confirmation will be sent to your email address. Please keep this confirmation for reference. Click on the link in the email (or if that doesn't work with your email, copy the entire URL and paste it into your browser) to confirm your email address. Your account will be approved within one business day and you will receive an email that tells you your approved and can log in.

How do you log in?

Go to <https://reliability.seer.cancer.gov> and enter your username and password. Choose “New Study” from the drop down list. You will be prompted to enter your demographic information. This information **must be completed before you will be allowed to access the study**. If any of the items are incomplete, an error message will appear in red on the top of the page. Please read the error message and fill in the missing information.

Who will show you how to use the software?

After you log-in to the website, you will be able to download a **User Guide**. SEER also provides four practice cases. The website will open August 25, 2008 at 8 AM Eastern to allow participants to work on practice cases before the actual study begins. We recommend that you code the practice cases to become familiar with the study site and the software before doing the study cases.

Important: Please remember that you must answer the demographic questions before you can access any of the cases.

How will the study results be used? The results of the 2008 study will be compared to the results of the first MP/H reliability study conducted in 2006. The 2006 study led to some important revisions prior to the 2007 implementation of the rules. The 2008 study will evaluate those revisions and identify any new areas that may need revision. Educational materials will be developed based on study results.

For further information, please contact Peggy Adamo at adamom@mail.nih.gov.

New Position with the MCSP ~

The individual would serve as the primary contact point for facilities on data quality issues and editing results. This individual will oversee coding accuracy and have primary responsibility for review of multiple primary determination decisions. This cancer registry analyst will also provide general and technical data file management support to the registry in a variety of areas, as needed.

- Work involves the review of cancer site and histology coding, the conduct of processing steps that identify and properly link all reports to the correct registry patient, and the review of linked reports to determine the status of specific reports and whether reports are duplicate or concern multiple primary cancers for the registry patient.
- Utilize working knowledge of cancer abstracting principles established by the American College of Surgeons (ACoS), the National Program for Cancer Registries (NPCR) and the National Cancer Institute (NCI) to properly evaluate and code the data.
- Entails running of routine and ad hoc Foxpro computer utility programs and interactive editing and manipulation of data files.
- Activities are conducted in coordination with other staff and within specific time lines for file development and completion.
- Results of the data are edited and linked files are properly prepared for merging into the cancer registry data base.

REQUIREMENTS:

Associate Degree or more in any health related field; 3 or more years experience in a central, regional or hospital cancer registry. Experience in health information data system management, hospital medical records systems, and/or data analysis of health information preferred. Experience with data base management packages using Foxpro SQL or equivalent, as well as, Excel and word processing software is necessary. Knowledge of LAN based computer systems, data base management and use of SQL and data base management packages are essential skills. The individual **MUST** be a Certified Tumor Registrar. Must have a valid Michigan driver's license or be able to independently arrange for transportation. This is a sensitive position requiring periodic security checks.

If you are interested in this position, please send your resume along with a cover letter to **Won Silva, Department Manager, Michigan Department of Community Health, Cancer Surveillance Program, Capitol View Building, 201 Townsend Street, 2nd Floor, Lansing, MI 48913. Or e-mail your information to silvaw@michigan.gov.**

HPV and CIN Study ~

In the April 2008 Update, you were informed of a collaboration between the Michigan Cancer Surveillance Program and the Center for Disease Control, to monitor the impact of the prophylactic HPV vaccine on HPV types in cervical and other HPV associated cancers. There are two separate studies ongoing.

One involves obtaining tissue specimens for HPV genotyping. Facilities that participate in the study will be reimbursed for preparing, reporting, and shipping the tissue samples to Battelle (a nonprofit research organization).

A second deals with demonstrating the feasibility of conducting surveillance on precancerous cervical lesions. Beginning September 1, 2008, reporting facilities will be asked to collect and report diagnoses of cervical carcinoma in situ, CIN III as well as 'severe dysplasia' to the cancer surveillance program.

Copies of the pathology report will need to be sent for these cases along with a full abstract of the case. This collection will begin with cases diagnosed July 1, 2008 through December 31, 2009.

Do not panic! By August 2008, you will receive a packet of information detailing the objective of the study and the requirements. The packet will also include a specific list diagnoses and eligible terminology that is gleaned from the pathology report.

To assist with the data collection process, we will be conducting a webinar in January to clarify any concerns and answer any questions you may have. Your participation is truly appreciated!

AJCC Cancer Staging Manual ~

Just when you think there could not possibly be anymore changes, the AJCC Task Force is working on the 7th edition of the AJCC Cancer Staging Manual. The new manual is scheduled for publication in 2009.

Staging Cancer ~

Staging is the process of determining how much cancer there is in the body and where it is located. Staging describes the extent or severity of an individual's cancer based on the extent of the original (primary) tumor and the extent of spread in the body. Knowing the state of the disease helps the doctor plan a treatment and determine a prognosis (likely outcome or course of the disease). Staging provides a common language with which doctors can communicate about a patient's case. Knowing the stage is important in identifying clinical trials that may be suitable for a particular patient.

What are the Common Elements of Staging Systems?

Staging is based on knowledge of the way cancer develops. Some staging systems cover many types of cancer; others focus on a particular type. For most cancers, the stage is based on three main factors:

- Location of the primary (original) tumor
- Tumor size and number of tumors
- Lymph node involvement (whether or not the cancer has spread to the nearby lymph nodes)
- Presence or absence of metastasis (whether or not the cancer has spread to distant areas of the body)

Cancers of the brain and spinal cord are classified according to cell type and grade. Different staging systems are used for many cancers of the blood or bone marrow such as lymphoma.

What does Staging Involve?

Doctors gather different types of information about a cancer to determine its stage. The various tests used for staging depend on the type of cancer. Tests include the following:

- Physical exams provide clues as to the extent of the cancer. The physical exam may determine the location and size of the tumor (s) and the spread of the cancer to the lymph nodes and/or to other organs.
- Imaging tests such as x-rays, CT scans, and MRI scans produce pictures of areas inside the body and can show the location of the cancer, the size of the tumor, and whether the cancer has spread. These studies are important in determining stage.
- Laboratory tests are studies of blood, urine, other fluids and tissues removed from the body. These tests can also provide information about the cancer.

- Pathology reports may include information about the size of the tumor, the growth into other tissues and organs, the type of cancer cells, and the grade of tumor (how closely the cancer cells resemble normal tissue). By removing tumors or pieces of tumors and looking at them under the microscope often confirms the diagnosis of cancer, and can also stage the cancer.
- Surgical reports tell what is found during surgery. Samples are removed during surgery to determine the size and appearance of the tumor and often include observations about lymph node and organ involvement.

What are the Different Types of Staging?

There are three different types of staging:

- Clinical Staging determines how much cancer there is based on the physical examination, imaging tests, and biopsies of affected areas.
- Pathologic Staging can only be done on patients who have had surgery to remove or explore the extent of the cancer. This type of staging combines the results of both the clinical staging (physical exam, imaging test) with the results from the surgery.
- Restaging is used to determine the extent of the disease if a cancer comes back after treatment. This is done to determine what the best treatment option would be at the time. This type of staging is not common.

Does the Stage of a Cancer Change?

The formal "stage" of a cancer does not change over time, even if the cancer progresses. A cancer that returns or spreads is still referred to by the stage it was given when it first diagnosed. Sometimes, after a period of remission (cancer being undetectable) for certain cancers, if more treatment is planned, a doctor might restage the cancer. The same process that was done when the cancer was first diagnosed will be repeated: exams, imaging tests, biopsies, and possibly surgery to restage the cancer.

MICRA Conference ~

The Michigan Cancer Registrars Association will be holding their annual conference on Thursday and Friday, October 9 and 10, 2008. The conference will be held at the Double Tree Hotel, Riverfront in Bay City, Michigan. If you do NOT receive a brochure by the end of August, please contact Chris Sharp at chris.sharp@bhsnet.org or call 989.894.3880.

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

CTR Exam Fall Testing Period ~

Application Deadline: July 31, 2008
 Testing Begins: Saturday, September 13, 2008
 Testing Through: Saturday, September 27, 2008

For more information on the CTR Exam go to www.ctrexam.org.

CTR Pre-Certification Workshop ~

The Ohio Cancer Registrars Association (OCRA) is offering a CTR Exam Prep Class.
 When: Wednesday, July 16 through Friday, July 18, 2008
 Time: 8:15 AM - 4:30 PM
 Where: Nationwide Children's Hospital, ED 138 / Education Building, Columbus, Ohio 43205

Registration Fee: \$150

Registration materials contact: Jim Irwin at james.irwin@odh.ohio.gov or 614.728.4158

Further information contact: Carol Mulheim at carol.mulheim@csauh.com or 330.489.1111 x1861

Workshop topics include but are not limited to:

- Registry organization and operations
- Anatomy, physiology, and histology of the human body related to the disease processes of cancer
- Abstracting and coding of cancer data items using standard registry coding references
- Statistical and graphic concepts used in the presentation of cancer incidence, treatment, and survival information
- Practical application of registry principles to determine appropriate registry responses
- Computerized data management

For more information go to: http://ohio-ocra.org/files/CTR_EXAM_PREP_CLASS.doc

Additional associations/organizations offering CTR Prep Exam Workshops/Classes are as follows:

April Fritz: <http://www.afritz.org/CTRws.htm>

NCRA (National Cancer Registrars Association):

<http://www.regonline.com/Checkin.asp?EventId=623205>

NAACCR (North American Association of Central Cancer Registries) is offering a September 2008 CTR Exam Readiness Webinar Series. For more information go to:

http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=473

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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