

# *Michigan Cancer Surveillance Program*

## *July 2010 Update*

### ***S***pecial Site Specific Factor Field Requirements ~

With the new data items for CSv2 and NAACCR, the MCSP has made several changes to the reporting requirements. CSv2 has added 25 site specific factor (SSF) fields and the big question is, which fields are reportable? Attached you will find a table of all of the SSFs for each primary site. The table shows which SSFs are defined by CSv2 (as an X needed to derive AJCC staging) and which of those are required to be abstracted (*highlighted in blue*). These requirements take place for cases diagnosed in 2010 forward. You may also view the table in an excel spreadsheet located at <http://www.cancerstaging.org/cstage/manuals/ssfrequirements.xls>.

The site specific factor fields will be REQUIRED or REPORTABLE based upon facility type.

#### ***Hospital with a Registry:***

The SSF fields with an 'X' highlighted in blue are REQUIRED for hospitals with a registry. In other words, if the information is not available in the medical record, you are required to make inquires to find the information.

If the SSF fields with an 'X' are NOT highlighted in blue, then the item is REPORTABLE for a hospital with a registry. Meaning, if the information is in the medical record, you are required to report it; however if the information is not in the medical record, you do NOT need to make inquires to locate the information.

If there is no information available, and inquires have been made, do not leave the item blank, refer to the CSv2 manual for the correct default codes.

#### ***Hospital without a Registry:***

ALL of the SSF fields with an 'X' are REPORTABLE for a hospital without a registry, regardless of whether or not the fields are highlighted in blue. Meaning, if the information is in the medical record, you are required to report it; however if the information is not in the medical record, you do not need to make inquires to locate the information.

If there is no information available, do not leave the item blank, refer to the CSv2 manual for the correct default codes.

#### ***Laboratories:***

The SSF fields are NOT required, or reportable for laboratories.

### ***S***ubmission of Data ~

Cases are due! All cases diagnosed in **2007, 2008 and 2009**, MUST be submitted to the cancer surveillance program by **August 2, 2010**. Submit your cases BEFORE your software upgrade to CSv2 or NAACCR v12 format. Cases diagnosed prior to 2010 must be submitted in NAACCR v11 format. If you are unable to meet this deadline, please contact your field representative to make arrangements.

## ***Reporting Requirements by Item and Facility Type – 2010 ~***

As a reminder, we are attaching the reporting requirements by item and facility type table. EACH data item is specifically identified in the table and the requirement is based upon facility type. Remember, those items that are REQUIRED must be reported and you may have to do some ‘digging’ to locate the information. Those items that are REPORTABLE, must be reported if the information is readily available at your institution. You may NOT leave an item blank; you must determine the appropriate default code and record accordingly.

### ***Text Documentation***

In addition, the text fields 98-102 are REQUIRED for all reporting entities. Text is needed to justify the codes selected for the data items and to allow documentation of information that is not coded. It is a component of a complete electronic abstract, and allows for the full abstract to be printed or reviewed on the screen as needed. The text field is also a great tool for quality control and special studies. As the purpose of text information is to provide the opportunity for documenting and checking coded values, information documenting the disease process MUST be entered from the medical record and should not be generated electronically from coded values. When the supporting text information is printed for review, one should be able to re-abstract the case without obtaining additional medical records and have the same codes as the original abstract. If there is no information for a particular text field, you may NOT leave the data item. Record ‘n/a’ or ‘none’ in the text field when there is no information available. This documentation confirms that information was searched for and no information exists.

**Please note, submission of data without text documentation may be rejected by the MCSP in its entirety!**

## ***Cancer Report Form ~***

As you may be aware, the MCSP has updated their cancer report form to reflect the CSv2 and NAACCR changes. The cancer report form is now four pages and contains 108 data items. With the advancement of medical technology, it has become more imperative to collect specific cancer information for statistical evaluation. **Beginning with cases diagnosed in 2010, you MUST use the new cancer report form.** To order new forms contact Ellen Anderson-Dunsmore at 517.335.3359 or [andersondunsmo@michigan.gov](mailto:andersondunsmo@michigan.gov).

## ***CSv2 and Hematopoietic/Lymphoid Training ~***

The MCSP has been conducting regional workshops to introduce the new collaborative staging rules and the hematopoietic/lymphoid database. The workshops have been a success and we have received positive feedback. Please remember, we strongly encourage attending this workshop as there is a vast amount of new information. If you are not currently scheduled, please contact your field representative to register.

## ***HPV Typing Project Wrapping Up in Michigan ~***

Michigan joined with the states of Kentucky, Louisiana, and Florida in assisting the Centers for Disease Control in an effort to develop baseline information on the types of human papilloma virus (HPV) within tumor tissues from cancer sites that are known to be associated with HPV infection. The study focused on oral, penile, cervical, uterine, vaginal, and anal cancers. This research effort

is the largest and only population based study of HPV type ever attempted. The study is winding down now as laboratory results are continuing to be received. Michigan was able to meet its sample size targets for all but the rarest cancer sites. The findings of this study are contributing considerably to new insights into the etiology of HPV associated cancer development and will provide an excellent baseline for future assessments of the cancer preventive effects of HPV vaccinations available since 2006. Michigan was the only state in the group able to provide tissue on cervical carcinoma in situ, which will provide special insights into disease severity associated with HPV type.

The Michigan people involved in accomplishing the tissue collection, including the hospital tumor registry staff, medical records staff and the laboratory staff, have been wonderful to work with and are the sole reason why Michigan has been able to meet the several challenges of this study's objectives. The laboratory component to the study was especially challenging, with a detailed and tedious protocol for tissue preparation. The Michigan contribution to the study is nearly complete, is right on target and right on time.

It has been great to be part of such an effective team!

## ***M*** *CSP Workshops ~*

The following workshops will be in Lansing and free of charge. If you are a new registrar/abstracter, you **MUST** attend the workshops in sequence. Each workshop builds a foundation and prepares you for the next. However, if you are interested in a refresher, please contact your field representative.

*Workshop #1: Basic Cancer Reporting*  
August 26, 27

*Workshop #2: Multiple Primary/Histology Rules*  
October 13, 14, & 15

*Workshop #3: Collaborative Staging (CSv2) and Hematopoietic and Lymphoid Neoplasms*  
September 22, 23, & 24

*Workshop #4: Abstracting Cases 101*  
November 4, 5

To register for the workshops, please contact your field representative: Jetty Alverson at [alversonj@michigan.gov](mailto:alversonj@michigan.gov) or Michelle Hulbert at [hulbertmr@michigan.gov](mailto:hulbertmr@michigan.gov).

## ***C*** *Collaborative Staging ~*

Finally! The CSv2 manual is complete and available! An electronic version of the manual is located at <http://www.cancerstaging.org/cstage/>. You can save the manual to your desktop or local network. The CSv2 manual was designed to work with a commenting feature in Adobe Reader 7 or higher. This feature allows you to yellow highlight text, add sticky notes, or add comment text boxes to the manual. The highlights and notes will be saved to your manual and available the next time you access your manual.

If you decide to use the electronic manual, then you should print the General Rules (Part I, Section 1) AND Lab Tests, Tumor Markers, and Site-Specific Factor Notes (Part 1, Section 2). Both of these manuals are necessary to accurately assign the collaborative stage. The rules discussed in these two manuals are not repeated in the actual manual. To print these resources go to:

<http://www.cancerstaging.org/cstage/manuals/index.html>.

For further instructions and a demonstration on how to use highlight notes in the CS manual visit:

<http://www.cancerstaging.org/cstage/manuals/pdfinstructions.pdf>.

If you would like to order a hardcopy of the manual, you can do so by going to NCRA's website:

[http://www.ncra-usa.org/i4a/ams/amsstore/category.cfm?product\\_id=165](http://www.ncra-usa.org/i4a/ams/amsstore/category.cfm?product_id=165).

## ***H***ematopoietic Database ~

A revised version of the Hematopoietic DB and 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual are now available.

Version 1.6 of the Hematopoietic DB and the embedded Hematopoietic Manual are now available on the SEER's website: <http://seer.cancer.gov/tools/heme/index.html>.

The new version includes corrections to the Hemato DB and the Manual, including the requested corrections to the flowcharts.

## ***M***CSP Staff ~

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

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