

Michigan Cancer Surveillance Program

October 2009 Update

Collaborative Staging Version 2: What's New ~

- New Name: Collaborative Stage Data Collection System (CS)
- Based on AJCC Cancer Staging Manual, Seventh Edition
- New Schemas: Most new schemas can be distinguished strictly on primary site/histology
 - Mucosal melanoma of head and neck
 - Esophagus, GE Junction
 - Appendix
 - Gastrointestinal stromal tumor
 - Neuroendocrine tumor (neuroendocrine/carcinoid)
 - Intrahepatic bile ducts
 - Perihilar bile ducts
 - Distal bile ducts
 - Other biliary
 - Merkel cell carcinoma
 - Ocular adnexal lymphoma
 - Adrenal gland
- Improved definitions and instructions
- Expansion of field lengths for both CS Extension and CS Lymph Nodes from 2 digits to 3
- More site-specific factors: 6 to 25
- Compatible with 2010 CAP Protocols
- Histology inclusions versus exclusions
- Consistency of code structures from site to site
- More non-specific terms, "Stated as T_, NOS"
- More non-anatomic factors: Treatment decisions and prognostic/predictive data
- Data items more complete for lab values

Announcements regarding the release date of CSv2 will be posted on the American Joint Committee on Cancer website at <http://cancerstaging.org/cstage/index.html>. To assist facilities with the implementation of CSv2, the MCSP will be hosting training sessions on CSv2 in 2010. Details regarding the training will be provided in the January 2010 issue of the MCSP Update.

MCSP Cancer Reporting Data Requirements for 2010 ~

Due to the new and revised items in the Facility Oncology Registry Data Standards Revised for 2010 (FORDS), Collaborative Stage Data Collection System Version 2, and the 7th edition of the AJCC Cancer Staging Manual, the MCSP will be revising the Michigan cancer reporting data requirements effective for cases diagnosed January 1, 2010 forward. Identification of the required items by CDC is awaiting finalization of the AJCC staging manual as AJCC staging will affect derived stage determinations. As soon as the North American Association of Central Cancer Registries (NAACCR) determines the requirements and recommendations for each data item, which is expected to occur in late October, the MCSP will distribute the Michigan revised reporting data requirements via mail to licensed Michigan facilities. For more information on these upcoming changes see materials on NAACCR Version 12 at: http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=133.

Collaborative Stage Version 2: Advanced Webinar Series ~

This new training program developed by the National Cancer Registrars Association (NCRA) Advanced Education Committee, which is being taught by some of the industry's leading trainers and CSv2 developers, includes an overview of the CSv2 manuals with emphasis on the new changes, site-specific presentations for breast, prostate, genital, urinary, lung, colorectal, head and neck, lymphoma/hematopoietic, gynecologic, liver/biliary, gastrointestinal/neuroendocrine, and skin cancer, along with advanced abstracting of site-specific factors.

For more information on the CSv2 Advanced Webinar Series, go to <http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3281>. If you can't attend the live meetings, the recorded Webinars are available for purchase to access on your own time at <http://www.ncra-usa.org/files/public/Arch.Webinars.pdf>.

What's New for FORDS in 2010 ~

The new Commission on Cancer Online Educational website provides access to all CoC education, both live and archived Webinar events. For more information, go to <http://eo2.commpartners.com/users/acs/index.php>.

What's New for FORDS in 2010 will be presented on November 12, 2009. The presentation will describe new and revised items in the Facility Oncology Registry Data Standards Revised for 2010 (FORDS) and the changes in data requirements to be implemented January 1, 2010, along with the reasons for those changes.

NOTE: ALL Licensed Michigan facilities **must** collect and report the data items defined as required by Facility Type to the Michigan central cancer registry.

AJCC Cancer Staging Manual, 7th Edition ~

The 7th Edition of the American Joint Commission on Cancer Staging Manual will be published in October 2009. The new manual takes effect with cases diagnosed on January 1, 2010 forward. To order a copy of the 7th Edition, go to the AJCC website at <http://www.cancerstaging.net>.

MCSP Submission of Data: Date Systemic Therapy Started ~

Date Systemic Therapy Started is a required data item by the MCSP for Michigan licensed Hospitals. This data item records the date of initiation for systemic therapy that is part of the first course of treatment. Systemic therapy includes the administration of chemotherapy agents, hormonal agents, biological response modifiers, bone marrow transplants, stem cell harvest, and surgical and/or radiation endocrine therapy.

Instructions for Coding

- Record the first or earliest date on which systemic therapy was administered. Systemic therapy includes *Chemotherapy* (NAACCR Item #1390), *Hormone Therapy* (NAACCR Item #1400), *Immunotherapy* (NAACCR Item # 1410), and *Hematologic Transplant and Endocrine Procedure* (NAACCR Item #3250).
- Code 88888888 if systemic therapy was planned, but not stated at the time of the most recent follow-up. The date should be revised at the next follow-up.

Code	Definition
MMDDCCYY	The date systemic therapy started is the month, day, and year that systemic therapy was first administered. The first two digits are the month, the third and fourth are the day, and the last four digits are the year. If the exact date on which systemic therapy was started is not available, then record an approximate date.
00000000	When no systemic therapy was administered. Diagnosed at autopsy.
88888888	When systemic therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up. The date should be revised at the next follow-up.
99999999	When it is unknown if any systemic therapy was administered, the date is unknown, or the case was identified by death certificate only.

Resource: Section Two: Coding Instructions/First Course of Treatment, Facility Oncology Registry Data Standards, Revised for 2009, <http://www.facs.org/cancer/coc/fords/2009/fords2009.pdf>.

Text Documentation ~

Text documentation is an essential component of a complete electronic abstract as it is utilized for quality control and special studies. As such, text is needed to justify coded values and to document supplemental information not transmitted within the coded values. Since the purpose for text is to provide the opportunity for checking coded values, the text field **must** contain a description of the disease process entered by the abstractor from the review of the medical record and **NOT** from the generated electronically coded values.

Text documentation **is required** by the MCSP. Submission of data without text documentation may be rejected by the MCSP in its entirety or on an individual case by case basis.

General Instructions

- Prioritize entered information in the order of the fields listed below
- Text automatically generated from coded data is not acceptable
- NAACCR-approved abbreviations should be utilized (see NAACCR Standards for Cancer Registries, Data Standards and Data Dictionary, Volume II, Appendix G)
- Do NOT repeat information from other text fields
- Additional comments can be continued in another empty text fields, e.g., Remarks. For text that is continued from one text to another, use asterisks or other symbols to indicate the connection with preceding text
- If information is missing from the record, state that it is missing
- Do NOT include irrelevant information
- Do NOT include information that the registry is not authorized to collect

Suggestions for Text

- Exact description of the primary site of tumor origin
- Extension of disease, e.g., location of the extent of tumor spread, involvement of resected margins, second opinions, stated TNM values/Stage Group
- Dates and types of procedures performed
- Results of positive and negative findings, e.g., physical exam, consultation reports, x-rays, scans, operative reports, pathology reports, cytology reports, and clinical findings
- Information on differentiation from scoring systems, e.g., Gleason's Score, Bloom-Richardson Grade
- Date treatment was started

- Where treatment was given, e.g., at this facility, at another facility
- Type(s) of treatment, e.g., name of chemotherapy agent(s) or protocol, types of non-beam radiation therapy, BRM agent, type of hormone or antihormone
- Other treatment information, e.g., planned procedure aborted, unknown if surgery recommended/performed, treatment recommended but patient and/or family refused, treatment cycle incomplete, or unknown if other treatment given

Resource: *Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Version 12*, http://www.naaccr.org/index.asp?Col_SectionKey=7&Col_ContentID=133

NOTE: The **Local-Use Text** may be used for your own purposes; however, text entered into this field is not maintained by the MCSP. Text to support primary site, laterality, histology, behavior, stage or treatment **should NOT** be entered into this field.

New Staff at the Michigan Cancer Surveillance Program ~



In August 2009, Allison Thorburn joined the Michigan Cancer Surveillance Program staff as Cancer Registry Analyst Trainee at the Department of Community Health in the Division of Vital Records and Health Statistics, in the Quality Improvement Unit. Allison is a recent graduate of Baker College, with her Associate Degree in Health Information Technology. In addition, Allison brings experience to the program from the position she held at Ingham Regional Medical Center in the Tumor Registry Department. During her free time, Allison enjoys the outdoors, scrap booking, and spending time with her family. We are excited to have Allison as a member of our team!

MCSP Workshop ~

The MCSP staff will be conducting an Abstracting Workshop on November 12-13, 2009. To reserve a space, please contact Jetty Alverson at 517.335.8855 or alversonj@michigan.gov, or Michelle Hulbert at 517.335.9058 or hulbertmr@michigan.gov. Additional workshops will be offered in 2010; watch for the January Update for further details.

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.

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