Michigan Cancer Surveillance Program
January 2013 Update

Michigan Specific Reporting Requirements by Item and Facility Type ~

Don't forget! Changes in reporting requirements can occur on a yearly basis. In order to ensure that your facility meets the Michigan reporting requirements it is extremely important that the facility review the reporting requirements at the start of each diagnosis year.

Revisions to the MCSP Specific Reporting Requirements by Item and Facility Type will be made in 2013. Notification of revision will be distributed via email and in the quarterly MCSP Update. A copy of the current MCSP Specific Reporting Requirements by Item and Facility Type – December 2011, can be obtained from the Michigan web page at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

In-house Edit Errors ~

As previously mentioned in the MCSP Updates, issues with reporting have been identified during in-house review of cases for record consolidation. Please review the edit issues listed below to ensure that your data meets the Michigan reporting requirements.

LATERALITY (PAIRED ORGAN)

We are noticing that many registrars are coding the laterality of a non-paired site to a laterality code other than "0 – Not a paired site." If the primary site being reported is NOT a paired organ, laterality MUST be coded as "0 – Not a paired site."

Follow the reporting instructions for coding laterality (paired organ) as stated in the MCSP Cancer Program Manual. To download and/or print the manual, go to the State web page at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

PROSTATE (C619)

Remember to follow the Multiple Primary and Histology Coding Rules for prostate cancer. Many of you are creating a second prostate primary when the MP/H rule M3 states that Adenocarcinoma of the prostate is always a single primary (see Note 1).

NOTE 1: Report only one adenocarcinoma of the prostate per patient per lifetime.

BLADDER (C670-679)

To ensure proper reporting of bladder tumors; follow the Multiple Primary and Histology Coding Rules for determining the number of reportable tumors and the histology code. For CS Size/Extension Evaluation field, follow the site-specific instructions in the CS Manual.

1. CS Tumor Size/Extension Evaluation Site-Specific Note: According to AJCC, staging basis for a transurethral resection of a bladder tumor (TURBT) is clinical (c) and recorded as CS Size/Ext Eval code of "1 – no surgical resection."

2. MP/H rule M6: Bladder tumors with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124) or papillary transitional cell carcinoma (8130-8131) are a SINGLE primary.

   The M6 rule applies to approximately 90% of the bladder primaries. What the MCSP is finding is that facilities are automatically assigning a second primary when the M6 rule applies to the case. Do NOT automatically assign a new primary just because the two cases are more than 3 years apart. You must look at the histologies first; if they fall in the range listed in M6, it is a single primary.

3. MP/H Rule M8: Urothelial tumors in two or more of the following are a single primary.
   - Renal Pelvis (C659)
   - Ureter (C669)
   - Bladder (C670-C679)
   - Urethra/prostatic urethra (C680)

Remember! You must apply the rules in order, and to use the first rule that applies and STOP.

SUPPORTING TEXT DOCUMENTATION

1. Many facilities are NOT documenting supporting text to the level that is required by the state. As text documentation is an essential component of a complete electronic abstract and is utilized for quality control and special studies, text is needed to justify coded values and to document supplemental information not transmitted within the coded values.

2. Text documentation is **not just recommended**, **but is a required** component of the abstract, which justifies the codes selected AND allows for documentation of information that is not coded.

3. Since the purpose of text is to provide the opportunity for checking coded values, the text fields MUST contain a description of the disease process entered by the abstractor from review of the medical record and NOT from the generated electronically coded values.

4. When documenting supporting text, be as specific as possible! For example, in the Surgery Text Field record the date and the complete name of the surgical procedure. If multiple surgical procedures are performed, record the date and name of each surgical procedure.

5. The rationale behind supporting text documentation is that anyone should be able to print the free text and re-abstract the case **solely from the supporting text fields.**

6. If there is no information for a particular text field, do NOT leave the data item blank. Record "N/A," "None" or "Unknown" in the appropriate text field. This documentation confirms that information was searched for but no information exists.

7. Only NAACCR approved abbreviations should be utilized. Recommended abbreviations for Abstractors are included in Appendix G of the NAACCR Volume II Data Standards and Data Dictionary.

8. Detailed coding instructions, which include a description, rationale, instructions and suggestions for each text field is included in Chapter X of the NAACCR Volume II Data Standards and Data Dictionary.

NOTE: Future submission of data will be returned to the facility in its entirety if supporting text fields do not meet the level required by the state.

To view and/or download the NAACCR Data Standards and Data Dictionary, go to http://www.naaccr.org/StandardsandRegistryOperations/VolumeII.aspx#.

CS DATA ITEMS

Collaborative Stage (CS) data items **cannot** be left blank for cases diagnosed January 1, 2004 and forward, **regardless of class of case code**. If the information is not applicable or unknown, record the appropriate default code.

NOTE: Effective immediately, submission of data with required data items left blank will be returned to the facility for completion.

OVER-RIDE FLAGS

If an over-ride flag is used, you MUST include supporting text documentation in the appropriate text field explaining why the unusual combination is valid.

ICD-O-3 SEER Site/Histology Validation List ~

An update to the ICD-O-3 SEER Site/Histology Validation list has been made. The errata dated 12/05/2012 can be found at http://seer.cancer.gov/icd-o-3/.

NOTE: The Site/Histology list is not intended to be used for case finding or to determine reportability.

As specific histologies arise in specific tissue types, use the SEER Site/Histology Validation List to determine valid primary site and histology combinations.

When an edit generates a site/histology error or warning message, the abstractor must verify that the value or values coded are indeed correct. Review of the coding instructions for primary site and/or histology may be required in order to ensure proper coding of these data items. If review indicates that the primary site/histology are indeed correct as coded, then and ONLY then should an over-ride flag be used.

NOTE: If any over-ride flag is used, supporting text MUST be documented to justify the use of codes selected.

FORDS revised for 2013 ~

The Facility Oncology Registry Data Standards (FORDS) has been revised for 2013. This version of FORDS replaces all previous versions. Three sets of new data items have been added. An overview of the 2013 changes is included in the Preface and Appendix C.

To download and/or print a copy of FORDS: Revised for 2013, go to http://www.facs.org/cancer/coc/fordsmanual.html.

Collaborative Stage (CS) ~

Collaborative Stage (CS) version 02.04 must be used to code all cases diagnosed on or after January 1, 2012. Once version 02.04 is implemented in a registry, it should be used to code all newly abstracted cases diagnosed from 2004 forward.

For more information on Collaborative Stage, go to http://www.cancerstaging.org/cstage/.

New Staff at the Michigan Cancer Surveillance Program ~

In November of 2012, Brenda Bowen joined the Michigan Cancer Surveillance Program staff as Department Analyst at the Department of Community Health in the Division of Vital Records and Health Statistics. Brenda is a graduate of The University of Tennessee, with a Master Degree in Health Informatics and Information Management. She also holds the credentials of Registered Health Information Administrator (RHIA), and the Certified Coder Specialist credentials of CCS and CCS-P. In addition, she has over 18 years of experience in the Health Information Management field.

MCSP 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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NOTE: If your registry is in the SEER area (Wayne, Oakland or Macomb County) and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313.578.4219 or whitlock@med.wayne.edu.