Michigan Cancer Surveillance Program
July 2013 Update

Submission of Data ~

Some important reminders and notices about submission of data are listed below!

- All cases diagnosed in 2012, MUST be submitted to the MCSP by ***August 31, 2013***.
- Any outstanding cases for diagnosis year 2011 or earlier should be submitted to the MCSP immediately as these cases were due by April 30, 2013.
- The deadline date for submitting cases in NAACCR format 12.2 is ***August 31, 2013***.
- Diagnosis year 2013 cases MUST be submitted to the MCSP in NAACCR format version 13.0.

  EXCEPTION: Abstract Plus Users. Abstract Plus Version 3.2.1.0 is effective for cases diagnosed ***on or prior to December 31, 2012***. ***Version 3.2.1.0 uses NAACCR format 12.2.*** If you are an Abstract Plus User and have not upgraded your software yet to version 3.2.1.0, **you MUST upgrade to version 3.2.1.0**. For installation instructions, please contact Terry McTaggart at 517.335.9624 or mctaggartT1@michigan.gov.

Please remember, submission of data should be submitted on a monthly basis instead of waiting for year-end completion or call for data announcements.

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.

Michigan Central Cancer Registry Audit ~

All NPCR (National Program of Cancer Registries) funded States are required to participate in an NPCR-sponsored independent audit evaluation of compliance with NPCR standards on data quality once every five years. The current 5-year cycle of the NPCR Data Quality Evaluations (DQE) will be accomplished within the central cancer registry, with emphasis on the existence of appropriate policies and procedures for data quality assessment and case consolidation.

The MCSP participated in year two of the NPCR audit evaluation in March of 2013. The final report of the audit will include an evaluation of the central cancer registry data quality based on the following NPCR Program Standards:

1. Evaluation of text information compared to coded values.
2. Data consolidation.
3. Completeness of treatment information for a sampling of female breast, colon, and rectum cases via clinical check edits.
4. Assessment of the central cancer registry's procedure manuals.
5. Recommendations for enhancing completeness and accuracy of data in the central cancer registry.

Although the MCSP is currently awaiting the results of the final evaluation, ***issues with supporting text documentation have been identified.*** Every coded field MUST have supporting text to support the decision of a coded value. As you can see from the data quality results of the visual editing examples provided below, supporting text is used to assess whether the correct rules were applied and coded.

Examples: Visual Editing: Text to Codes

- Primary Site:
  - Primary Site Code: C16.9
  - Primary Site Text: Prostate
  - **Correct Code: C61.9**

- First Course of Treatment:
  - Chemotherapy Code: 03
  - Chemotherapy Text: 5FU and Leucovorin
  - **Correct Code: 02 – Single Agent**

- Complete Data:
  - Chemotherapy Code: 02
  - Chemotherapy Text: 01/08/2010: Pre-op 5FU, Post-op FOLFOX
  - **Correct Code: 03 – Multiple Agents**

Remember! Text fields are REQUIRED (REQ) for ALL reporting entities. Anytime there is a coded value there MUST be supporting text to justify the use of the coded value. Information documenting the disease process MUST be entered from the medical record and should NOT be generated from electronically coded values. If there is no information available for a particular text field, do NOT leave the text field blank, record 'N/A' or 'None' in the appropriate text field.

For more information on Text Documentation, refer to:

- *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Fifteenth Edition* at http://www.naaccr.org/LinkClick.aspx?fileticket=LJJNRVo4lT4%3d&tabid=133&mid=473
  Note: Recommended abbreviations for abstractors are provided in Appendix G.

- *MCSP Cancer Program Manual Draft (Rev. 6/21/2013)* at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html

Stage Coach (YouTube Videos) ~

What is Stage Coach? It is an audio/visual question and answer (Q&A) video that is narrowly focused on a single item. The usefulness to registrars is that Stage Coach video clips answers one coding question at a time on AJCC and Collaborative Stage (CS) topics. As it provides an immediate answer it only takes a few minutes and does not delay your abstracting. For example, one Q&A topic is 'How to distinguish between CS Tumor Size/Ext Eval Code 1 & 3.'

YouTube Stage Coach video clips are available at http://www.youtube.com/AJCCancer.

Note: If access to YouTube is blocked by your facility, the Stage Coach video clips can be accessed from the CA?nswer Forum website at http://cancerbulletin.facs.org/forums or from the AJCC website at http://www.cancerstaging.org/#.

First Course of Treatment: Regional Treatment Modality ~

'Regional Treatment Modality,' NAACCR Item # 1570 records the dominant modality of radiation therapy used to deliver the most clinically significant regional dose to the primary volume of interest during the first course of treatment. Radiation treatment is frequently delivered in two or more phases which can be summarized as "regional" and "boost" treatments. To evaluate patterns of radiation oncology care, it is necessary to know which radiation resources were employed in the delivery of therapy. Radiation treatment modality information will typically be found in the radiation oncologist's summary letter for the first course of treatment. In the event multiple radiation therapy modalities were employed in the treatment of the patient, record ONLY the dominant modality. (Note: In some circumstances the boost treatment may precede the regional treatment.)

Text documentation to support the use of the coded value for 'Regional Treatment Modality' should be recorded in the Radiation (Beam) text field. Required text information and examples are as follows:

Required Text Information:

- Start date when radiation treatment began
- Where treatment was given (e.g., at this facility or at another facility)
- Types of beam radiation (e.g., Orthovoltage, Cobalt 60, MV X-rays, Electrons, Mixed Modalities)
- Other treatment information (e.g., treatment discontinued after 5 treatments, unknown if treatment was given)

Examples:

- 2013/01/05: 6MV photons at (name of facility)
- 2013/06/01: Cesium-137, facility unknown
- 2013/05/01: 8 MV photons at this facility

For more information, refer to FORDS (Facility Oncology Registry Data Standards) at http://www.facs.org/cancer/coc/fordsmanual.html

NCRA's Center for Cancer Registry Education ~

The National Cancer Registrars Association (NCRA) is the premier education and training resource for the cancer registry community. The NCRA's Center for Cancer Registry Education website is designed to provide easy access to high-quality educational programming to support both seasoned professionals and those new to the field. This one-stop site offers a variety of products and services, which allows registrars to tailor their training and manage continuing education credits. For more information, go to http://www.cancerregistryeducation.org/.

Labeling Your Electronic Submission File ~

Electronic files should be labeled as MI (Michigan) followed by the 5-digit facility number and the date stamp (YYYYMMDD), which is the date the file was created. For example, a file created by facility 01234 on July 1, 2013 should be named MI0123420130701, plus the extension assigned by the

software. The extension for METRIQ is either **.xva** (new case) or **.xvm** (updated case). For Abstract Plus, the extension is always **.txt**.

Note: When uploading the export file, please be sure that the file being transmitted is the data file and not the report file which is generated by the software program once the export file is created.

Facility Contact Information Form ~

We still need your help! To assist with updating the Michigan Cancer Surveillance Program facility and contact information, a new form was created by the MCSP department in April of 2013. If you have not completed and submitted a copy of the new facility and contact information form it is imperative that you do so immediately to ensure future correspondence to the appropriate individuals at your facility. The '*MCSP Facility and Contact Information Form'* is available on the MDCH website at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

Remember! If at any time there are changes in the facility contact information, it is the responsibility of the facility to inform the MCSP of those changes.

New Staff at the Michigan Cancer Surveillance Program ~

In June 2013, John Mytyk joined the Michigan Cancer Surveillance Program staff as a Cancer Registry Operations Technician at the Department of Community Health in the Division of Vital Records and Health Statistics. John is a graduate of Ferris State University, with an Associate Degree in Health Information Technology. He holds the credentials of Registered Health Information Technician (RHIT).

Michigan Cancer Surveillance Program Web Page ~

To download this or previous issues of the MCSP Updates, Cancer Report Form, Cancer Program Manual, MCSP Site-Specific Factor (SSF) Fields for Collaborative Staging (CS) Version 02.03, or the MCSP Reporting Requirements by Item and Facility Type, go to http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

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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