



July 2015 Update

Don't Forget the Data Submission Deadlines for 2015! ~

- **ACoS approved facilities: All reportable conditions diagnosed in 2014 were due to the MCSP by July 1, 2015.**
- **Abstract Plus users (Non-ACoS facilities):** Due to the delay in availability of a version of Abstract Plus for 2014 diagnosis year, the deadline for submission of 2014 cases has been extended to August 31. Facilities are still required to meet the submission deadline date for 2014 cases, which may require the use of MCSP cancer report form. The current version of the MCSP Cancer Report Form can be downloaded from http://www.michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html
- Any missed reports for reportable conditions for *diagnosis years prior to 2014* were due on *March 31, 2015*.
- January through March 2015 cases must be submitted by September 1st. The MCSP strongly encourages monthly submission of data. For example, cases abstracted in January should be submitted to the MCSP in February.
- *Please note that facilities non-compliant with the Michigan cancer reporting requirements will be addressed and corrective action taken if necessary.*

Data submission format: Facilities submitting cases electronically are required to submit in the most recent version of the data exchange format and code structure as specified by NAACCR. The MCSP will continue to accept submission of data in NAACCR format version 14.0 through August 31. Starting September 1, 2015, data submission to the MCSP must be in NAACCR format version 15.0.

For more information on the MCSP requirements for labeling of electronic submission files and/or submission of data, please refer to the MCSP Cancer Program Manual at http://michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html.

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.

NAACCR – Registries Certified in 2015 for 2012 Incidence Data ~

The NAACCR board of directors has certified that the Michigan Cancer Surveillance Program has attained the NAACCR Gold Standard for Quality, Completeness, and Timeliness for its 2012 incidence data. A big THANK YOU goes out to everyone for submitting timely data, which makes it possible for the MCSP to achieve the highest recognition. The Michigan central cancer registry could not have accomplished this without you! Your efforts on submitting complete, accurate and quality data on a timely basis are sincerely appreciated by the MCSP staff!

NAACCR Publication Cancer in North America: 2008-2012 Now Available ~

NAACCR has posted the 25th edition of *Cancer in North America (CINA): 2008-2012* to its website. Visit www.naacr.org and select "Data and Publications" to download. The publication series presents cancer incidence data as collected by the regional, state, provincial, and territorial NAACCR-member registries across North America.

Collaborative Stage Transition ~

To effectively deal with the staging transition from Collaborative Stage to directly coded AJCC TNM Stage, the focus in 2015 is training on assignment of T, N, M and the AJCC TNM stage group. To assist with the training efforts, the AJCC Curriculum for Registrars was launched in January of 2015. The curriculum is designed to provide education in a step-wise learning environment complete with additional resources to reinforce the information and webinars with interactive quizzes to prompt discussion and serve as a self-assessment for the information learned. If you do participate in the live webinars, 2 CE hours are available for each eligible module.

To access the AJCC Curriculum for Registrars, go to <http://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

If you missed any of the previous modules it is not too late to participate in the training as the modules presented can be accessed after the live webinar.

Materials for Module IV will be made available July 15.

Note: The MCSP strongly encourages registrars to review the AJCC Curriculum for Registrar Modules to ensure accurate coding of the new reporting requirements for directly coded AJCC TNM Stage.

Directly Coded SEER Summary Stage ~

SEER Summary Stage is a required data item for ALL facility types (Hospital with a Registry, Hospital without a Registry and Independent Laboratories). Summary stage should be directly coded using all information available through completion of surgery(ies) in the first course of treatment **or** within four months from the date of initial diagnosis. Directly coded refers to the assignment of stage that is derived from information based on pathologic, operative, and clinical assessments, with the pathologic examination taking precedence. It is important to read the pathology and operative reports for evidence of spread, microscopic extension and metastasis, as well as diagnostic imaging reports for mention of distant disease. Thus, summary stage should NOT be coded based from the derived CS stage.

Guidelines for directly coding Summary Stage will be presented during the upcoming 2015 MCSP Cancer Registry Workshop in Lansing on Friday, July 31.

For coding instructions and site-specific schemas for assignment of Summary Stage, refer to the SEER Summary Staging Manual – 2000. To obtain a copy of the SEER Summary Staging Manual 2000, go to <http://seer.cancer.gov/tools/ssm/>. Additional coding guidelines for the assignment of Summary Stage are also included in the MCSP Cancer Reporting Manual. For a copy of the MCSP Cancer Program Manual, go to http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

SEER* Educate ~

Don't forget about SEER*Educate, which is an online training curriculum provided by SEER that includes material for recent graduates preparing for a registry job, registrars studying for the CTR exam and CTRs earning CE hours in Practical Application and Registry Operations. The site can be accessed via <https://educate.fhcr.org>.

As of May 2015, the following training series are available:

- *Practical Application Tests menu*
 - Case Coding – CSv0204 (295 cases)
 - Case Coding – CSv0205 (160 cases)
 - Heme 2015 Cases (35 cases)
 - MP/H Rules 2007 (50 Cases)
 - TNM 7th Edition (140 Cases)
- *General Knowledge Tests menu*
 - Anatomy and Physiology (1,600 questions)
 - Computers (200 questions)
 - Medical Terminology (1,100 questions)
- *CTR Prep Tests menu*
 - CoC Cancer Program Standards (100 questions)
 - Statistics (200 questions)
 - Coding Guidelines (Heme Database and Manual) (40 questions)
 - Cancer Registry Management (600 questions)

Cancer Reporting Meaningful Use (MU) Update ~

The Michigan Cancer Surveillance Program is accepting electronic cancer case reports to assist eligible providers with the Stage 2 meaningful use menu objective: Capability to identify and report cancer cases to a public health central cancer registry. To meet the measure, providers must register and begin sending test cancer reports. Currently, we are accepting test reports from EHR vendors. Testing with the EHR vendor enables providers to meet the cancer reporting measure. Those vendors include NextGen, Altos Solutions and Modernizing Medicine. If you are using one of these products and are participating in the EHR Incentive Program, you may be eligible to receive meaningful use credit.

For more information, please contact Laura Rappleye, laura.rappleye@altarum.org or visit <https://www.michiganhealthit.org/public-health/cancer-registry/>.

For more information on the Michigan cancer reporting requirements, please contact Jetty Alverson at 517.335.8855 or alversong@michigan.gov.

Date Information Missing in Text Fields ~

The MCSP is still receiving cases without proper and complete supporting text documentation that validates the codes selected. The date along with the type of procedure(s) and results must

be recorded. Supporting text documentation assists the central cancer registry with information to properly consolidate reports submitted, especially when multiple reports from different facilities are submitted for the same case. The rationale behind supporting text documentation is that anyone should be able to view/print the free text and re-abstract the case solely from the supporting text fields. The MCSP thanks you in advance for taking time to read the instructions on supporting text documentation provided below.

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. Also, make sure that procedure dates for x-rays, blood tests, path reports, etc. are included in your text fields so procedures are identified in the correct chronological order.**

Remember! 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. 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.

Text fields CANNOT contain control characters (Note: Copying and pasting of text documentation from the electronic medical record and/or hospital record system might contain control characters. Issues with control characters are not identified during submission of data and instead during the central cancer registry case consolidation process.

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.

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 <http://www.naacr.org/Applications/ContentReader/Default.aspx?c=17>

For more information on Text Documentation, refer to:
NAACCR Standards for Cancer Registries, Data Standards and Data Dictionary (Volume II) at <http://www.naacr.org/StandardsandRegistryOperations/VolumeII.aspx>.

2015 MCSP Cancer Registry Workshop ~

The MCSP will be conducting a Cancer Registry Workshop in Lansing on Friday, July 31, from 9:00am to 4:00pm. The workshop will be held on the first floor of the Capitol View Building located at 201 Townsend St., Lansing, MI 48913.

Topics to be presented at the workshop include the 2014 Tumor Grade Rules with case exercises, Cancer Genomics presentation, Guidelines for Directly Coded Summary Stage, MCSP Reporting Requirements Overview/Update, Validating Data with Text, and Case Coding Exercises/Answers.

This workshop is geared towards all facility types and applies to both seasoned and non-seasoned registrars including CTRs and non-CTRs. CE hours will be offered; however, approval is currently pending from NCRA.

Registration is free, but space is limited. To register, please complete the attached registration form (also available on the MCSP webpage) and submit according to the instructions on the form.

Confirmation of registration to attend the workshop will be provided by email ONLY. As space is limited, registration will be accepted on a first-come first-serve basis or until conference room capacity has been reached.

Fall 2015 MICRA Conference ~

The annual Michigan Cancer Registrars Association conference is scheduled for October 22-23 at the Crowne Plaza in Lansing. For more information, visit the MICRA web site <http://www.miregistrars.org/> or contact Lisa Ross, MICRA Corresponding Secretary at lisaross@med.umich.edu.

Improving Quality in Data Collection and Reporting ~

Papillary carcinoma of the thyroid

Papillary carcinoma of the thyroid is often miscoded as 8050. Papillary carcinoma *of the thyroid* should be coded 8260. Reference source: See Multiple Primary & Histology Coding Rules Manual ‘Other Sites’ Rules H14 and H15.

Patient Address at DX and Patient Address – Current: Locating and entering zip codes and county codes

Correct zip and county codes are important for hospitals and local health departments to assess the health of patients and residents and to be able to compare findings against other localities. Zip codes are also used at the State level to investigate cancer cluster concerns.

Patient Address – Current provides a current address used for follow-up purposes. It may or may not be different than the patient’s address at the initial time of diagnosis. If the current address is the same as the address at diagnosis, duplicate the address information in the current address field. **Do not leave this data item blank.**

The following tools can be used to determine proper zip codes and county FIPS codes:

To determine correct zip code by street address or city, use this search tool provided by the United States Postal Service <https://tools.usps.com/go/ZipLookupAction!input.action>

To determine correct county name by city name or zip code, use this search tool provided by the US Census Bureau <http://quickfacts.census.gov/cgi-bin/qfd/lookup>

Three-digit county FIPS codes *for Michigan counties* can be found on page 189 of the MCSP Cancer Program Manual. The manual can be downloaded from the MCSP web page http://www.michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html

Three-digit county FIPS codes for *all counties in the United States* listed in alpha order by state: <http://www.naaccr.org/Applications/ContentReader/Default.aspx?c=11>

Assigning correct sequence numbers to CIN III tumors

All facilities are required to report cervical intraepithelial neoplasia grade III tumors to the central registry. Michigan is one of the few registries that collect these precancerous cervical tumors for research purposes, so it is important that they are properly sequenced in relation to other patient cancers.

Abstracts submitted to the central registry for cervical intraepithelial neoplasia grade III (CIN III), “HGSIL,” “HSIL,” or “severe dysplasia” tumors of the cervix (C53.0, C53.1, C53.8,

C53.9) with an assigned morphology of 8077/2 should be assigned a tumor sequence number within the range of 00-59 (invasive or in situ). Do not assigned sequence numbers in the 60-87 range (non-malignant) or sequence number 98 to these tumors.

For more information on reportable conditions for CIN III, including AIN III, HSIL/HGSIL, VAIN III and VIN III, please refer to the MCSP Cancer Reporting Manual located at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

Correct values for RX Summary – Radiation to CNS (NAACCR item #1370)

Note: For lung and leukemia cases only. Code for radiation given to the brain or central nervous system for lung and leukemia cases only. Includes treatment given at all facilities as part of the first course.

Codes for lung and leukemia cases only:

- 0 No radiation to the brain and/or central nervous system
- 1 Radiation
- 7 Patient or patient's guardian refused
- 8 Radiation recommended, unknown if administered
- 9 Unknown

Codes for all other cases (primaries other than lung or leukemia):

- 9 Not Applicable

Note: SEER does not collect this data item beginning with 1998 cases. They retain the codes for older cases in this field, and they have also recoded radiation coded here as radiation in RX Summ--Radiation [1360]. CoC does not collect this data item beginning with 1996 cases.

Accurate coding of measurements in CS Site Specific Factor Fields

Make sure to consult notes and coding examples for CS Site Specific Factor fields so you fully understand how to accurately enter lab measurements as rules are unique to each SSF. Errors such as the following have been found in submitted abstracts:

Prostate Schema SSF1 – PSA Level: PSA level in chart shown to be 7.580. Value was coded as 758 instead of the correct value of 076.

Colon Schema SSF1 – CEA Level: CEA level in chart stated as 3.9. Value was coded as 390 instead of 039.

Staff Changes at MCSP ~

We are pleased to announce that David Westover has joined the Michigan Cancer Surveillance Program staff as Departmental Analyst for the Registry Operations Unit. Dave is a former instructor of chemistry at Grand Valley State University and has multiple masters degrees in chemistry, environmental science, and college education.

Brenda Bowen is no longer employed at the MCSP. If you have any questions or concerns regarding abstract uploads, please contact Wendy Stinnett at 517.335.8747 or stinnett@michigan.gov or Jetty Alverson at 517.335.8855 or alversong@michigan.gov.

MCSP Staff ~

Please feel free to contact one of us if you have any questions regarding cancer reporting or if you would like more information about upcoming training/workshop opportunities.

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MCSP Cancer Program Manual and Resource References ~

The MCSP Cancer Program Manual and resource reference documents can be obtained from the MCSP webpage at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

Funding for the MCSP Workshops was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the State of Michigan Department of Health and Human Services and the U.S. Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government..

Registration Form
2015 MCSP Cancer Registry Workshop
Friday, July 31

Complete this registration form and fax attention to Jetty Alverson at (517) 335-9513 or email a copy of the registration form to alversong@michigan.gov.

Please note!

- A separate form is required for EACH attendee!
- Registration is complimentary, but space is limited. Register early!
- Confirmation of registration acceptance to attend the workshop will be provided by EMAIL only!

Name

Title/Credentials

Organization/Facility

Phone Number

Alternate Phone Number

Emergency Contact Name and Phone Number

E-mail Address