



## ***April 2021 Quarterly Update (Rev. 4-6-2021)***

### ***Social Security Number***

Full 9-digit Social Security Number is a required data item regardless of facility type. If SSN number is unknown/not recorded, facility follow-back with applicable source (i.e., physician) is required. If follow-back is conducted and SSN can not be obtained, record the unsuccessful attempt in the *Text--Remarks* text field.

**Known issues:** Submission of case reports with transposition of numbers within the SSN or submission of the patient's spouse SSN instead of the patient's SSN.

### ***Michigan Specific Data Items***

The MI Specific Data items are *Alcohol Use*, *Family History of Cancer*, *Tobacco Use*, and starting with cases diagnosed in 2021 *Tobacco Type*. These are required data item regardless of facility type. If information is unknown or not found in the patient medical record, enter the applicable default code and indicate "unknown/not recorded" in the *Text--DX Proc--PE* text field. Applicable values for these MI Specific Data Items can be found in the "[Reporting Requirements by Data Item and Facility Type](#)" document on the [MCSF web site](#).

**Known issues:** For Alcohol and Tobacco Use data items the patient must have refrained from use for one full year in order to assign code "2 - Prior use." If it has been less than a year since the patient stopped using alcohol or tobacco, the field is to be coded "1 - Current use."

### ***Primary Payer at Diagnosis***

Identifies the patient's primary payer/insurance carrier at the time of initial diagnosis and/or treatment. This is a required data item regardless of facility type. Only record the default value of "Unknown" if the primary payer at diagnosis is unknown/not recorded after review of applicable medical records.

**Known issue:** Increased number of case reports with primary payer at diagnosis coded as unknown (99).

### ***Supporting Text Documentation***

The text field must contain a description that has been entered by the reporter independently from the code(s). Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

MCSF consolidates a number of abstracts from different facilities for a single patient case. Text field documentation must include enough information so that a complete abstract can be created based upon a text review only. In case of overflow text, use an asterisk (\*) and enter overflow text in the *Text--Remarks* text field. Text is required to support coded values such as:

Data Type	Report data in this Text Field
<b>Age, Race, Ethnicity, Sex, Marital Status</b> For example, If the patient is a 37 year old married white, non-hispanic female, then enter as "37YO married W/F non-hispanic." Note that marital status is spelled out and should not be abbreviated.	Text--DX Proc--PE
<b>Patient History of Cancer and Sequence Number:</b> when a patient has multiple reportable conditions, record known tumor diagnosis (date of diagnosis, primary site, laterality, histology and stage) if known/available. <b>MI State-Specific Required Data Items:</b> Family History of Cancer, Tobacco Use and Alcohol Use.	Text--DX Proc--PE
<b>Imaging</b>	Text--DX Proc--X-ray/Scan
<b>Pathology/cytology report</b> (record the final diagnosis exactly as it is reported on the path report, including addendum and applicable comments).	Text--DX Proc--Path
<b>Primary Site (if paired site, record laterality)</b>	Text--DX Proc--Path and Text--Primary Site Title
<b>Histology</b>	Text--DX Proc--Path and Text--Histology Title
<b>Tumor Grade</b>	Text--DX Proc--Path
<b>Stage</b> (i.e. Summary Stage 2018; TNM Stage, including T, N and M if known/available)	Text--Staging
<b>Surgical procedures and work-up</b> (record the date in MM/DD/YYYY format) and the name of all applicable procedures	RX Text--Surgery and Text--DX Proc--OP
<b>First Course of Treatment:</b> Record start and end dates, treatment types (including agents used for chemotherapy and number of cycles, hormone agent, and Phase 1 radiation treatment, as well as reason not to treat (i.e., not recommended, or patient refused). If applicable, a decision not to treat or active surveillance must be documented. If known, include the full name of the facility responsible for specific treatment. Depending on type of treatment, enter applicable information in the following text fields: RX Text--BRM, RX Text--Chemo, RX Text--Hormone, RX Text--Other, RX Text--Radiation (Beam), RX Text--Radiation (Other) or RX Text--Surgery.	

Use recommended abbreviations in text fields per [NAACCR Data Standards & Dictionary Appendix G](#).

**Note:** If abbreviation is not on NAACCR list, do NOT abbreviate. For more information (Description, Rationale, Instructions, Suggestions for text), refer to [NAACCR Data Standards and Data Dictionary, Volume II, Chapter X: Data Dictionary](#)

## **MCSP Staff**

Please feel free to contact one of us if you have any questions regarding cancer reporting. As we are all working remotely from home due to the Covid-19 pandemic, email would be preferred contact method. \*Cancer Reporting Requirements (CTRs), \*\*Facility Contact Information Form, \*\*\*Data Requests/Research Studies.

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**Note:** If your registry submits cancer case reports to the Metropolitan Detroit Cancer Surveillance System (MDCSS) for Wayne, Oakland or Macomb county, please contact your MDCSS Coordinator, Jeanne Whitlock at 313-578-4219 or [whitlock@karmanos.org](mailto:whitlock@karmanos.org) with questions regarding submission of data reporting requirements.

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