Michigan Cancer Surveillance Program
July 2014 Update

Labeling of Electronic Submission Files ~

Electronic submission of data files (excluding registries in the SEER area – Wayne, Oakland or Macomb County) submitted to the Michigan central cancer registry **must be labeled according to the guidelines as provided in the MCSP Cancer Program Manual**.

Once the export file has been created, label the file as MI (Michigan) followed by your 5-digit facility number, then add the date stamp (YYYYMMDD) which is the date the file was created. For example, facility 98765 created an export file on April 28, 2014. The file will be named MI9876520140428, plus the extension assigned by their software. The extension for Metriq is either .xva (new case) or .xvm (updated case) and will automatically be assigned. The extension assigned by Abstract Plus is always .txt.

If you are sending more than one file at a time, please make sure that EACH file is numbered appropriately by adding -1, -2, -3, etc. to the file name. For example, the same facility could have two or more files MI9876520140428-1of2.xva and MI9876520140428-2of2.xva.

Even if you use the FTP site and save your file under your specific folder, you MUST accurately label your file according the MCSP Cancer Program Manual guidelines. ***Any files that are not accurately labeled will be rejected by the MCSP***.

Don't forget! 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. Monthly submission of data is also preferred. For example, cases abstracted in June should be submitted to the MCSP on July 1.

For more information on Labeling of Electronic Submission Files and/or Submission of Data, please refer MCSP Cancer Program Manual at http://michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html.

Electronic Pathology Reporting System ~

Many cancer registrars have some knowledge of what an electronic pathology reporting system is, but others do not. There are several factors for those who don't know: maybe you are new to the cancer registry; work in a smaller facility, too busy for anything else but abstracting; or maybe you're just not in the loop or want to be in the loop. Below is some background information to familiarize you a little more with the process.

- The electronic reporting system is commonly referred to as **e-Path**. What is **e-Path**? It is a computerized selection of cancer-related pathology reports pulled from all pathology reports. ***E-Path*** is an electronic cancer data delivery system that completely automates the case finding and reporting process. How does this work? ***E-Path*** uses *algorithms* (used for calculation, data processing and automated reasoning) to achieve very high sensitivities and specificities in cancer case finding and is more accurate and consistent than human interpretation. In practice, cancer registries can expect an increase in incident cancer reporting by as much as 20%.
- There are algorithm engines that support the interpretation of anatomic pathology reports and diagnostic imaging reports of central nervous system. Processing anatomic pathology reports

finds all histologically confirmed tumors. Processing imaging reports finds neoplasms of the central nervous system that are not commonly biopsied and often under reported.

- Data standards (***Health Level 7 or HL7*** refers to a set of international standards for transfer of clinical and administrative data between hospital information systems) are used to facilitate transmission of critical pathology data from pathology labs to cancer registries. It is estimated that 95% of all cancer cases are microscopically confirmed in a pathology report.
- There are many benefits for the cancer register such as cancer pathology within hours of diagnosis, all pathology reports in a standardized format, a desktop pathology report viewer, an automated ICD-O-3 coding assistant, and automated data exports to the registry system.

E-Path is here to stay with electronic pathology reporting for a cancer registry. ***E-Path*** has been implemented in about every state and many SEER registries. For more information, please refer to the reference sources provided below.

- AIM (Artificial Intelligence in Medicine, INC.) – e-path
  - http://www.oranjonline.com/documents/ePath%20Solutions%202%20%282%29.pdf

- Cancer Registry of Greater California – Electronic Pathology Reporting System
  - http://crgc-cancer.org/e-path/

- Center for Disease Control and Prevention (CDC) – NPCR-AERRO ePath Reporting Activities
  - http://www.cdc.gov/cancer/npcr/informatics/aerro/activities/epath.htm

Abstract Plus: Searchable List of Possible Values for Histologic Type ICD-O-3 ~

Please note! When using the searchable list function within Abstract Plus, HGSIL/HSIL is not included in the possible values for histologic type ICD-O-3. If the final diagnosis is HGSIL/HSIL, code the histology as 8077/2.

For more information, please refer to the MCSP Cancer Program Manual and/or the 'Reportable versus Non-Reportable Conditions for CIN, HSIL, VIN, VAIN, AIN document, which are located at http://www.michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html

SEER - Collaborative Stage Transition ~

The SEER 2014 Training Assessment for TNM Staging will open July 7, 2014!

Why is the study important and why should you participate? TNM Staging is important as it provides a baseline to evaluate the effectiveness of training materials that are developed and to collect data to evaluate the impact of TNM staging on incidence trends over time. This study provides information on training needs as we move to TNM Staging. In addition, free CEUs will be awarded for review and assignment of TNM Stage for 10 cases with an option to complete an additional 10 cases.

Who is invited to participate and how do you sign up for the study? All registrars in the US and Canada are invited to participate. To sign up for the study, go to https://reliability.seer.cancer.gov/user/login/?next=/.

NOTE: You will need to create a new account to get started. To create an account on SEER*Reliability, go to https://reliability.seer.cancer.gov/user/register_user/

Industry and Occupation ~

It has come to the attention of the MCSP that some registrars are still including non-descriptive terms when recording Usual Occupation and/or Usual Industry. Descriptive terms such as such as "longest," "current," "previously," "prior history unknown, now working at," "last 5 years," "retired," "not applicable (N/A)," "disabled," etc. when recording Usual Occupation and Usual Industry.

Accurately recording the usual (longest-held) occupation and industry of workers can reveal the national cancer burden by industry and occupation. Such information can also be used to help discover jobs that may have a high risk for cancer or other diseases and for which prevention efforts can be concentrated (or targeted). The coding instructions for recording Industry and Occupation are provided below.

Patient's Usual Occupation Prior to Retirement

Enter the usual occupation of the patient. "Usual Occupation" is the kind of work the patient did during most of his/her working life before retirement, e.g., claim adjuster, farm hand, coal miner, janitor, retail store manager, research chemist, civil engineer, college professor, teacher, registered nurse, etc.

Enter "student" if the patient was a student at the time of diagnosis and was never regularly employed.

This data item applies only to patients who are 14 years of age or older at the time of diagnosis.

If the Usual Occupation is not available or is unknown, record the patient's current or most recent occupation, or any available occupation.

Examples

Inadequate: "teacher"
Adequate: "preschool teacher," "high school teacher"

Inadequate: "laborer"
Adequate: "residential bricklayer"

Inadequate: "worked in a warehouse," "worked in a shipping department"
Adequate: "warehouse forklift operator"

Do **NOT** include descriptive terms with the Usual Occupation such as "longest," "current," "last 10 years," "not applicable (N/A)," "disabled," etc.

Do **NOT** use "retired." If the patient has retired from his or her usual occupation, the "usual occupation and business/industry" of the patient must be specified.

If the patient was never employed enter "never employed."

If the usual occupation of the patient is unknown, enter "unknown."

If the patient was a homemaker at the time of diagnosis, but had worked outside the household during his or her working life, enter that occupation.

If the patient was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker."

Examples If patient worked only at home, record occupation and industry as:

Occupation: “homemaker”
Industry: “own home”

If patient worked at someone else’s home for pay, then record:
Occupation: “housekeeper” (or “nurse,” “babysitter,” etc.)
Industry: “private home”

“Self-employed” by itself is incomplete. The kind of work must be determined. The entry for business/industry should include both the proper business/industry and the entry “self-employed.”

Do **NOT** leave this data item blank.

Patient’s Usual Industry Prior to Retirement
Record the primary type of activity carried on by the business/industry at the location where the patient was employed for the most number of years before diagnosis of this tumor. Enter the kind of business or industry to which the occupation in Item 15a was related, such as insurance, automobile, government, school, church, etc. Be sure to distinguish among “manufacturing,” “wholesale,” “retail,” and “service” components of an industry that performs more than one of these components.

Examples Inadequate: “automobile industry”
Adequate: “automobile manufacturing”

Inadequate: “manufacturing”
Adequate: “automobile manufacturing”

Inadequate: “fire department”
Adequate: “city fire department”

Do **NOT** include descriptive terms with the Usual Industry such as “longest,” “current,” “last 10 years,” “not applicable (N/A),” “disabled,” etc.

Do **NOT** record “retired.”

If the primary activity of the industry is unknown, record the name of the company (with city or town) in which the patient worked the most number of years before diagnosis.

If the patient was never employed, enter “never employed.”

If this information is unknown, enter “unknown.”

Do **NOT** leave this data item blank.

NOTE: For more information, refer to the A Cancer Registrar’s Guide to Collecting Industry and Occupation to assist with coding this data item. The guide can be downloaded at http://www.cdc.gov/niosh/docs/2011-173/ and has been provided by CDC.

NAACCR – Registries Certified in 2014 for 2011 Incidence Data ~

In 1997, the North American Association for Central Cancer Registries (NAACCR) instituted a program that annually reviewed member registries for their ability to produce complete, accurate, and timely data. Each year, members of the Data Evaluation and Certification Committee (DECC) evaluate cancer incidence data for the most recent data year, based on pre-determined registry certification criteria established by the DECC. Following an evaluation by members of the Registry Certification

Subcommittee (a subcommittee of DECC), registry staff receive a report that contains the results of the registry certification evaluation for the most recent data year.

There are two primary reasons for evaluating central cancer registry incidence data. First is to recognize population-based cancer registries that have achieved excellence in the areas of completeness of case ascertainment, data quality, and timeliness. Second is to provide confidential feedback, which individual registries can use to identify current and future resource and training needs.

The Michigan Cancer Surveillance Program is pleased to announce that it received GOLD certification from NAACCR for its 2011 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. We 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!

Michigan Department of Community Health (MDCH) – Cancer Statistics ~

Did you know that you can generate customized maps and tables on the most readily available cancer data on the MDCH website? To view cancer statistics, go to http://www.michigan.gov/mdch/0,4612,7-132-2944_5323---,00.html and click on the magnifying glass next to Community Cancer Incidence and Mortality.

To view data, you can select from one of the regions to view cancer statistics for your community. The statistics can then be viewed from any of Michigan's 83 counties or 45 local health departments. In Michigan, local health departments are composed of one or more counties except for the local health department for the City of Detroit. Scroll down through the list that appears and click on the desired choice. Alternately, you may type the first letter of the community in order to move closer to it in the list. For example, to select Tuscola County, press the down arrow in the County list and press "T".

Data Requests

To request statistical data that are not available from this web site, please contact Georgia Spivak at 517.335.8702 or SpivakG@Michigan.gov. Written requests should be sent to:

Georgia Spivak
Division for Vital Records & Health Statistics
Michigan Department of Community Health
201 Townsend
P.O. Box 30691
Lansing, MI 48909

Web Site

If you have questions, problems or comments about this web site, please contact Glenn Radford at 517.335.9075 or Radfordg@Michigan.gov.

Revised Version of the MCSP Cancer Program Manual ~

A revised version of the Cancer Program Manual has been uploaded to the web page at http://www.michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html.

Since only a few pages have changed, you can download the file and print the following pages to update your existing printed copy. (Set printer for two-sided printing.)

Pages 1-4 (New cover and revision number)
Pages 27-68 (Additional copy added to page 27 with subsequent reflow of text through page 68)
Pages 117-118 (correction of typo on page 118)
Pages 203-204 (New revision number)

MCSP Submission of Data ~

Please note the submission of data reminders listed below!

- All cases diagnosed in 2012 were due to the MCSP by ***May 31, 2014***.

- Diagnosis year 2013 cases MUST be submitted to the MCSP by ***July 31, 2014***.

  Exception: Due to the delay of Abstract Plus v13.0, which is required to abstract diagnosis year 2013 cases, the deadline date for 2013 cases is ***August 15, 2014***.

- Diagnosis year 2014 cases from January through March are required to be submitted by September 31, 2014. *(Regardless of submission due dates, please submit data on a monthly basis to the MCSP.)*

  ***Exception*:** Abstract Plus users will not be able to abstract diagnosis year 2014 cases until after 2013 cases are submitted to the MCSP. Detailed instructions on how to upgrade to NAACCR v14.0, which is required for diagnosis year 2014, will be provided at a later date.

Facilities non-compliant with the Michigan cancer reporting requirements will be addressed and corrective action taken if necessary.

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.

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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