

Mississippi Cancer Registry



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Retirement Party – Jena Hopkins
Thursday, August 26, 2021, Presentation & Zoom talk

Retirement Party 🎉 16 Years in the Cancer Registry – one of the best CTR's in the USA 🎉 🥂 ❤️ 🌸



Jena started in the Cancer Registry right after Hurricane Katrina. With frazzled hair and nerves, we were recovering and doing our best to maintain our patient's research information and our sanity. Jena came in and never missed a beat. She learned about our patient's journey at Forrest General and incorporated that information into our cancer research database.

After many long days and nights, studying for AP I & II and also completing medical courses required. Jena took the Certified Tumor Registrar exam in September 2009 and received her certification from the National Cancer Registrar Association.

16 years as a Cancer Registrar, Jena has excelled beyond anyone's expectations. She has reviewed, researched, and abstracted 8,145 patient cases. She has entered 80, 131 follow-ups for our patients that we follow for a lifetime and 1,931 new patients into suspense.

Jena partnered with her colleagues, physicians, nurses and others to meet compliance with the American College of Surgeons Accreditation, and with numerous studies and quality improvements.

At our annual prevention and screening events, she assisted participants with registering and guiding them through the event.

She has assisted with hundreds of our Cancer Conferences, Educational Conferences, and several public community events. Jena even shook it for cancer patients at a Day of Dance.

Retirement marks a transition and we know Terry, Josh, and Karla will be there to support her through this transition.

Jena, each of us wish you the best on this new journey. Remember once a CTR, always a CTR.

Welcome



New Cancer Registrar in the Cancer Registry, Research and Informatics at
Forrest General Hospital

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Cancer Registry Initial Training for Staff

Informatics is the science concerned with gathering, organizing, storing, and recording information. Informatics develops new uses for information technology to solve specific problems in areas as diverse as biology, fine arts, and economics. Informatics also includes the interest in how people transform technology, and how technology transforms us.

Two informatics focus areas are public health informatics and cancer surveillance informatics. Hospital registries maintain data on all patients diagnosed and/or treated for cancer surveillance informatics at the healthcare facility. Healthcare facilities report cancer cases electronically to the central cancer registry or state registry as required by law.

A new staff person (Cancer Registrar-Certified Tumor Registrar) will learn about how cancer registries maintain a wide range of demographic and medical information. The Cancer Registrar will process each procedure regarding case finding, abstracting, analyzing an electronic medical record, lifetime follow-up for analytical cases, and statistical analysis with national cancer guidelines and benchmarks.

During training, the cancer registrar (coach/mentor) teaches the new staff person the various tasks, procedures, and duties that are performed in the cancer registry database and the electronic medical record (EMR). The coach/mentor shows how to perform the task, duty or report. Then, the cancer registrar performs the task hands-on and ask questions with the coach/mentor with them. Next, the cancer registrar (mentee) completes the tasks of case finding, abstracting, and follow-up on their own. The coach/mentor checking in with the mentee for questions or assistance. Each day, there is a quality control of the abstracts to give feedback or suggestions on the data fields coded or appropriate rules for completion of the abstract in the cancer registry database.

The patient abstract includes over 3,500 data fields that the cancer registrar completes for each individual patient and primary site(s). The abstract data fields comprise of demographic information (age, gender, residence-mailing address, race/ethnicity), medical history in electronic medical record (EMR), diagnostic findings (tests, dates, and results of procedures used to diagnose cancer), cancer information (primary site, cell type, staging and extent of disease), cancer treatment (surgery, radiation therapy, chemotherapy, hormone or immunotherapy), and follow-up information in the cancer database (annual information about follow-up imaging/tests, treatment, recurrence and patient status). The cancer registrar (mentee) will learn and grow in their knowledge of performing their duties accurately and efficiently over their first year in the cancer registry, research and accreditation area. During this year, the coach/mentor will teach, monitor, and encourage the cancer registrar.

The cancer registry data is utilized by healthcare providers, public health officials, and researchers for frequency of cancer incidence, evaluate efficacy of treatment modalities, determined survival rates, the facilities final analysis of data to be compared with national guidelines or benchmarks, develop targeted educational and screening programs, and conduct research on the etiology, diagnosis, and treatment of cancer.

Juliet Hinton, BSB, MBA, CTR, FGH Cancer Registry Manager

Educational Corner:



MAXIMIZING TEXT FIELDS

Text fields are used to explain, confirm, and validate the codes in the abstract. The Central Registry uses the text fields for quality control, case consolidation, and discrepancy resolution. When using text fields in the abstract, cancer registrars should keep the following tips in mind:

- The main purpose of text is to capture the “big picture”—not repeat details throughout each text field.
- Text should be concise and pertinent to the cancer being reported. Keep it simple and specific, **DO NOT OVER TEXT**.
- Text should be documented in the appropriate area of the abstract. For example under Labs you should record tumor markers, SSDI’s, blood tests if applicable to the cancer, and Covid test results.
- Text fields provide validation. For example, cancer registrars should indicate the results of imaging, labs, and any tests that help support the cancer being reported. This includes values coded for primary site, laterality, staging, and treatment. Also include detailed findings including positive and negative results from labs or imaging that relate to the cancer.
- Text fields should include information that describes the extent of the disease, sequence of treatment, and area of the body in which treatment is performed.
- Components for text should include: Dates (Note: Indicate whether the date is an estimate), facility name and location, and physician’s name. For example Physical Exam: 09/24/2021, UMMC, Jackson, MS, Dr. Shannon Orr, H&P: Then list the important facts from the history & physical that pertain to the cancer and the fields that have been coded in the abstract.
- Include physician findings and conclusions that relate to the cancer being reported, including any treatment delays.
- For difficult cases you may also record any tools used to help determine the values coded. For example if the Solid Tumor Rules were used to determine primary site, multiple primaries or histology, document the rule used. Ex: Colon STR M2 or Colon STR H5.

Remember the text fields are a justification and explanation for any coded field.

*Source: Ciox, Theresa Vallerand
MRA, Suzanne Neve*

Coding Unknown Primary Site of Head & Neck with p16+ using page 44 of the SSDI manual:

	EBV Positive	EBV Negative	EBV Unknown
P16 Positive	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C10.9 Oropharynx (Schema ID 00100: Oropharynx HPV-Mediated (p16+))	C10.9 Oropharynx (Schema ID 00100: Oropharynx HPV-Mediated (p16+))
P16 Negative	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)
P16 Unknown	C11.9 Nasopharynx (Schema ID 00090: Nasopharynx)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)	C76.0 Ill-Defined Site of the Head and Neck (Schema ID 00060: Cervical Lymph Nodes and Unknown Primary)

- A patient presents with swelling in the right neck, biopsy proves a p16+ squamous cell carcinoma. Thorough examination is performed and no primary site is identified in the head and neck. What do you assign as the primary site? **By using the chart above we are able to determine that the primary site would be C10.9 Oropharynx. (We know the p16+ and we have an unknown EBV.)**

Source: Vicki Hawhee – Registrar’s Guide to Registry
Resources

For any questions please contact: Angel Davis, CTR, RHIT, - adavis6@umc.edu

Abstracting Resources

AJCC Cancer Staging Manual

Cases with a diagnosis date of 01/01/2018 and forward should be staged using AJCC 8th Edition Cancer Staging Manual. The 3rd printing 2018 Edition is now available.

Please visit <https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#> for all 8th Edition updates and corrections. For all other information, visit <https://cancerstaging.org/Pages/default.aspx>.

Summary Stage 2018

The 2018 version of Summary Stage applies to every site and/or histology combination, including lymphomas and leukemias. Summary Stage uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease. The Summary Stage 2018 manual is available at <https://seer.cancer.gov/tools/ssm/>.

Site Specific Data Items (SSDI)

Site Specific Data Items (SSDI) are similar to the Site Specific Factors (SSF) collected with Collaborative Stage. These data items are specific to certain site/histology combinations. For example, the SSDI's for breast will be used to collect information such as estrogen receptor status, progesterone receptor status, Her2 status, Nottingham grade, and additional information related to primary tumors of the breast. The information collected in these data items are specific to breast. The SSDI manual is available at [https:// apps.naaccr.org/ssdi/list/](https://apps.naaccr.org/ssdi/list/).

Grade

Beginning with cases diagnosed in 2018 grade information will be collected in three fields; Clinical Grade, Pathological Grade, and Post-Therapy Grade. Within the Grade Manual you will find definitions for the three new grade data items, coding instructions, and the site/histology specific grade tables. The Grade manual is available at [https:// www.naaccr.org/SSDI/Grade-Manual.pdf?v=1527859766](https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1527859766).

SEER Hematopoietic and Lymphoid Neoplasm Database

This provides data collection rules for hematopoietic and lymphoid neoplasms for 2010+. The SEER Hematopoietic and Lymphoid Neoplasm manual is available at

https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf.

2018 Solid Tumor Coding Manual

Use the 2018 Solid Tumor coding rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 2018 and forward. The Solid Tumor coding rules replace the 2007 Multiple Primary and Histology(MP/H) Rules. The manual is available at <https://seer.cancer.gov/tools/solidtumor/>. The **change log** contains updates made to the FINAL module sections. This does not include changes made to the drafts.

CoC 2018 STORE Manual

The STORE Manual has replaced the FORDS Manual. The STORE is now available at <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>.



Upcoming Webinars

FLccSC

Fundamental Learning Collaborative for the Cancer Surveillance Community:

The October NAACCR Webinar: Uterus, will only be available on the FLccSC site, there will not be a live viewing. If you have not yet registered you can do so at the link below. You do not want to miss out!

mss.fcctlms.med.miami.edu

For any questions, please contact Angel Davis, CTR, RHIT— adavis6@umc.edu



Uterus

Guest Host: Wilson Apollo

10/07/2021

Bladder

Guest Host: Denise Harrison, Louanne Currance

11/04/2021

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