



MISSISSIPPI CANCER REGISTRY NEWSLETTER

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2015 MCR DATA CERTIFICATION

Congratulations to the following facilities for achieving MCR Gold and Silver Certification on data diagnosed in 2015.

GOLD CERTIFICATION was based on hospitals having 95% completeness, 95% of cases submitted within 8 months from date of first contact, 100% death clearance forms returned by second request deadline, $\leq 2\%$ missing data fields (age, sex & county at diagnoses) & $\leq 3\%$ race.

GOLD

Perry County General Hospital
Baptist Medical Center Yazoo
Sharkey Issaquena Community Hospital
Merit Health Batesville
Scott Regional Hospital
Yalobusha General Hospital
Tyler Holmes Memorial Hospital
Laird Hospital
Claiborne County Hospital
BMH-North

BMH North
Tippah County Hospital
Calhoun Health Services
Covington County Hospital
Marion General Hospital
Merit Health Rankin
Merit Health Woman's Hospital
Lackey Memorial Hospital
Alliance Healthcare Systems
Trace Regional Hospital
NMMC
South Sunflower County Hospital
NMMC Iuka

G. V. "Sonny" Montgomery VA Medical Center
Winston Medical Center
Franklin County Memorial Hospital
NMMC Eupora
NMMC West Point

SILVER CERTIFICATION was based on hospitals having 90% completeness, 90% of cases submitted within 8 months from date of first contact, 95% death clearance forms returned by second request deadline, $\leq 3\%$ missing data fields (age, sex & county at diagnoses) & $\leq 5\%$ race.

SILVER

Merit Health Biloxi
Merit Health Northwest MS
Forrest General Hospital
Mississippi Baptist Medical Center
UMMC—Jackson
BMH- Golden Triangle

BMH-Desoto
North Oak Regional Medical Center
Southwest MS Regional Medical Center
George Regional Hospital

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EDUCATIONAL CORNER

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AJCC Colon/Rectum Pathologic Tumor (T) Staging

“The definition of in situ carcinoma - pTis - includes cancer cells confined within the glandular basement membrane (intraepithelial) or lamina propria (intramucosal) with no extension through the muscularis mucosae into the submucosa.”

“Carcinoma in a polyp is classified according to the pT definitions adopted for colorectal carcinomas. For instance, carcinoma that is limited to the lamina propria is classified as pTis, whereas tumor that has invaded through the muscularis mucosae and entered the submucosa for the polyp head or stalk is classified as pT1.”

Reference: AJCC Cancer Staging Manual 7th Ed, Chapter 14

What To Know For 2017

The CDC – National Program for Cancer Registries (NPCR) is the standard setting agency for the Mississippi Cancer Registry (MCR). The North American Association of Central Cancer Registries (NAACCR) Version 16 Layout is being used for cancer cases diagnosed 01/01/2016 and forward. Effective with cases diagnosed in 2016, the Collaborative Stage Data Collection System will no longer be used for deriving stage for CDC – NPCR states. Some CSv2 items remained for capturing required Site Specific Factors.

Hospitals throughout the state of Mississippi use different software in cancer collection. Regardless of the type of software – cases should be submitted to MCR in the NAACCR Version 16 layout. The software for your facility may be used by several states. This could mean that your vendor may not have made the software specific for your needs. Some states have the National Cancer Institute Surveillance, Epidemiology and Ends Results Program (NCI SEER) as their standard setter. NCI SEER has continued to use CSv2 for cases diagnosed in 2016 and forward. If your facility uses a software that a NCI SEER state also uses, you may see that Collaborative Stage is still available. Collaborative Stage remains available for abstracting cancer cases diagnosed between January 01, 2004 and December 31, 2015. Collaborative Stage is not required after 12/31/2015 for MCR.



Per the NAACCR 2016 Implementation Guidelines, “CoC: The CoC’s transition away from use of Collaborative Stage includes the requirement of AJCC clinical and pathologic stage (enforced via edits), SEER Summary Stage 2000, and new Tumor Size Summary and Mets at Diagnosis data items. The CoC will continue to use the Collaborative Stage Data Collection System Version 02.05 for cases diagnosed 2004-2015, and only for the collection of Site-specific Factors (SSF) for cases diagnosed 1/1/2016 and forward. The CoC has made no changes to their SSF requirements. In addition to the SSFs, Regional Nodes Positive and Examined and Lymph-vascular Invasion will continue to be required. All other CS input data items are no longer required.”

For those that use Web Plus to abstract cancer cases (the software that is provided by MCR), please note that changes and updates are handled by MCR. Web Plus is customized for what is required for MCR reporting.

Required Site-Specific Factors

The table below lists the Site-Specific Factors (SSF) that are to be coded upon submission to the Mississippi Cancer Registry for cases diagnosed 01/01/2016 forward.

Site (CS Schema)	SSF	Description
Appendix	11	Histopathologic Grading
GIST Peritoneum	5, 10	Mitotic Count; Location of Primary Tumor
GIST Esophagus, GIST Small Intestine, GIST Stomach	6	Mitotic Count
GIST Appendix, GIST Colon, GIST Rectum	11	Mitotic Count
Mycosis Fungoides	1	Peripheral Blood Involvement
Placenta	1	Prognostic Scoring Index
Prostate	1, 8, 10	PSA Lab Value, Gleason Score
Testis	13, 15, 16	Post Orchiectomy AFP, hCG, and LDH Range
Brain, CNS Other, Intracranial Gland	1	WHO Grade
Breast	1, 2, 8, 9, 11, 13, 14, 15, 16	ERA, PRA, HER2: IHC Value, HER2: IHC Interpretation, HER2: FISH Interpretation, HER2: CISH Interpretation, HER2: Result of other test, HER2: Summary Result testing, Combination of ERA, PRA and HER2 Testing

Multiple Primary and Histology (MP/H) Rules

- Continue to use the 2007 MP/H rules

Reportability

- There are no reportability changes.



Histology Coding Clarifications for Lung and Thyroid Cases

- Effective 01/01/2017 and forward

Primary Site	Description	Histology/Behavior Code
Lung C34.0 - 34.9	Adenocarcinoma In Situ, Mucinous	8523/2
	Invasive Adenocarcinoma, Mucinous, Bronchiolo-Alveolar Carcinoma (BAC), Mucinous Type	8253/3
	Mixed invasive Mucinous and Non-Mucinous Adenocarcinoma; BAC, mixed Mucinous and Non-Mucinous	8254/3
Thyroid C73.9	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)	8343/2
	Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC)	8343/2
	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC)	8343/3
	Encapsulated follicular variant of papillary thyroid carcinoma, NOS (EFVPTC, NOS)	
	Synonym: Papillary carcinoma, encapsulated	

Watchful waiting/Active surveillance is chosen as the treatment for any site:

RX Summary Status = 2

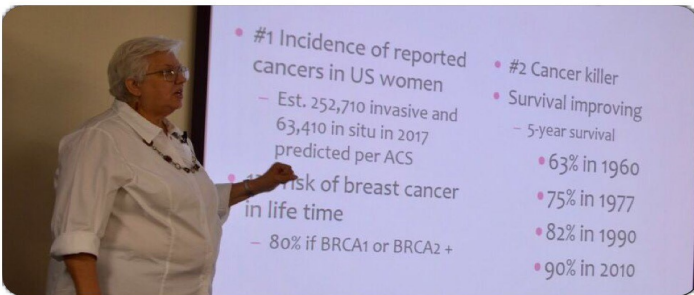
Date of 1st Course Treatment = Date watchful wait/surveillance decided

Text – include the information on date and decision for watchful wait in treatment text field



MCR FALL WORKSHOP 2017

SEPTEMBER 14, 2017



CONGRATULATIONS!

Congratulations to **MARLENE BORJA** at Memorial Hospital at Gulfport for passing the CTR exam!

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UPCOMING NAACCR WEBINARS

10/5/17 Collecting Cancer Data: Prostate

11/2/17 Collecting Cancer Data: Larynx

12/7/17 Collecting Cancer Data: Uterus

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