Mississippi Cancer Registry Newsletter

VOLUME 13 ISSUE 1



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UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

MCRA Spring

Educational Meeting



April 26-27, 2018



University of MS Medical Center

Jackson Medical Mall

350 W Woodrow Wilson Ave, Jackson, MS 39213



The guest speaker is **Dr. Fredrick Greene**. This two day event will provide an educational forum for healthcare professionals to broaden their knowledge with the cancer registry. The registration fee is \$55 for MCRA members and \$100 for Non-MCRA members. Breakfast will be provided on both days and lunch will be provided on the first day. Continuing Education Hours will be awarded upon the approval from NCRA.



For more information contact: Candye Smith 601-984-1098 or fax: 601-984-1964 Email: cjsmith@umc.edu

Deadline to fax registration: April 1, 2018



2018 CTR Exam

June 25 – July 14;

application deadline = June 1

October 15 – November 3:

application deadline = September 25

For more information, visit http://www.ctrexam.org/

NAACCR Upcoming Webinars

4/5/18 Collecting Cancer Data: Pancreas

5/3/18 Directly Coded Stage

6/7/18 Collecting Cancer Data: Thyroid and

Adrenal Gland

For more information contact: La'Tawnya Roby, BS, CTR ldroby@umc.edu

https://www.naaccr.org/



Congratulations!

North MS Medical Center received full three year accreditation through NAPBC.

Timely Reporting Schedule	
Month Diagnosed	Report to MCR
July 2017	March 2018
August 2017	April 2018
September 2017	May 2018
October 2017	June 2018
November 2017	July 2018
December 2017	August 2018



EDUCATIONAL CORNER

La'Tawnya Roby, BS, CTR MCR Data Quality Analyst – Trainer

2018 Implementations and Timelines

Below are the links to the changes that will become effective for cases diagnosed 01/01/2018 and forward. Manuals and Databases have not yet been completed. Therefore, the edit sets for cases diagnosed 01/01/2018 forward have not been created. Without edit sets, vendors cannot setup cancer registry software to abstract 2018 cases.

https://www.naaccr.org/2018-implementation/

https://20tqtx36s1la18rvn82wcmpn-wpengine.netdnassl.com/wp-content/uploads/2018/02/2018-Implementations-and-Timeline-V1.6 20180213.pdf

AJCC 8th Edition

- Updated Breast Chapter

The breast chapter has been updated. Due to the changes the entire chapter has been made available to download.

https://cancerstaging.org/references-tools/ deskreferences/Pages/Breast-Cancer-Staging.aspx

- Replacement Pages

There are updates and corrections to the 8th Ed. Replacement pages for the hard copy purchased from September 2016 through February 2018 are available.

https://cancerstaging.org/references-tools/ deskreferences/Pages/8EUpdates.aspx#Histology/ Topography

2018 ICD-0-3 Update

- Cases diagnosed 01/01/2018 +

Please check the 2018 ICD-O-3 Update Table first to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor Rules (MP/H).

 Beginning with cases diagnosed 1/1/2018 forward, bronchioloalveolar carcinoma (BAC) is no longer the preferred term.

https://www.naaccr.org/2018-implementation/#Histology

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.

https://20tqtx36s1la18rvn82wcmpn-wpengine.netdnassl.com/wp-content/uploads/2018/02/2018-Grade-Manual.DRAFT .2.16.18.pdf

Papillary Carcinoma of Thyroid

8260/3: Papillary Carcinoma of Thyroid 8050/3: Papillary Carcinoma, NOS

Please see page 75 of the ICD-O-3 manual and Rule H14 of the Other Sites in the MPH Manual.

$\underline{\textbf{Test Your Knowledge}}$

$2018 \; ICD\text{-}O\text{-}3 \; Histology \; Coding \; Table$

1. Final diagnosis: TAH BSO, Right Ovary- Serous Carcinoma, High Grade

Primary Site	2017 Histology	2018 Histology
2.Final diagr	nosis: Biopsy, Base of tongue- Squamous	Cell Carcinoma, HPV-Negative
Primary Site	2017 Histology	2018 Histology
3. Final dia	ngnosis: Biopsy, Endometrial- High Grad	e Neuroendocrine Carcinoma
Primary Site	2017 Histology	2018 Histology
4. Final c	liagnosis: Biopsy, Left thigh mass- Undit	ferentiated Round Cell Sarcoma
	Logazini	2018 Histology
Primary Site	2017 Histology	, , , , , , , , , , , , , , , , , , ,
Primary Site	2017 Histology	
8 Grad e 1. 47 yr old WF with a large righ chemotherapy followed by	nt breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta	rs Ductal Carcinoma, High Grade. Patient was give I Carcinoma, Low Grade.
8 Grade 1. 47 yr old WF with a large righ chemotherapy followed by Grade Clini	nt breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological	rs Ductal Carcinoma, High Grade. Patient was give I Carcinoma, Low Grade. Grade Post Therapy
8 Grade 1. 47 yr old WF with a large righ chemotherapy followed by Grade Clini 2. 72 yr old BM right colon biop	nt breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological_ sy: Moderately Differentiated Adenocar	rs Ductal Carcinoma, High Grade. Patient was give I Carcinoma, Low Grade. Grade Post Therapy cinoma. Patient selected surgery for treatment. I
8 Grade 1. 47 yr old WF with a large right chemotherapy followed by Grade Clini 2. 72 yr old BM right colon biop colectomy was performed a	nt breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological_ sy: Moderately Differentiated Adenocar	rs Ductal Carcinoma, High Grade. Patient was give I Carcinoma, Low Grade. _ Grade Post Therapy cinoma. Patient selected surgery for treatment. I
8 Grade 1. 47 yr old WF with a large right chemotherapy followed by Grade Clini 2. 72 yr old BM right colon biop colectomy was performed a Grade Clini	nt breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological sy: Moderately Differentiated Adenocar and the final diagnosis showed Poorly D cal Grade Pathological	rs Ductal Carcinoma, High Grade. Patient was given I Carcinoma, Low Grade. Grade Post Therapy cinoma. Patient selected surgery for treatment. Ifferentiated Mucin- Producing Adenocarcinoma Grade Post Therapy
8 Grade 1. 47 yr old WF with a large right chemotherapy followed by Grade Clini 2. 72 yr old BM right colon biop colectomy was performed a Grade Clini 3. 65 yr old WF, chest xray show grade 1. The patient was tree	ont breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological sy: Moderately Differentiated Adenocar and the final diagnosis showed Poorly D cal Grade Pathological ved Right Middle Lobe lung mass, 0.50 coeated with external beam radiation.	rs Ductal Carcinoma, High Grade. Patient was give I Carcinoma, Low Grade. Grade Post Therapy cinoma. Patient selected surgery for treatment. Ifferentiated Mucin- Producing Adenocarcinoma Grade Post Therapy m. A biopsy confirmed Squamous Cell Carcinoma
8 Grade 1. 47 yr old WF with a large right chemotherapy followed by Grade Clini 2. 72 yr old BM right colon biop colectomy was performed a Grade Clini 3. 65 yr old WF, chest xray show grade 1. The patient was tree	ont breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological sy: Moderately Differentiated Adenocar and the final diagnosis showed Poorly D cal Grade Pathological ved Right Middle Lobe lung mass, 0.50 c	rs Ductal Carcinoma, High Grade. Patient was give I Carcinoma, Low Grade. Grade Post Therapy cinoma. Patient selected surgery for treatment. Ifferentiated Mucin- Producing Adenocarcinoma Grade Post Therapy m. A biopsy confirmed Squamous Cell Carcinoma
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8 Grade 1. 47 yr old WF with a large right chemotherapy followed by Grade Clini 2. 72 yr old BM right colon biopt colectomy was performed a Grade Clini 3. 65 yr old WF, chest xray shown grade 1. The patient was true Grade Clini 4. 27 yr old WM complaining of etiology. Final Pathologic di	ont breast mass, needle core biopsy show MRM. Final pathologic diagnosis: Ducta cal Grade Pathological sy: Moderately Differentiated Adenocar and the final diagnosis showed Poorly D cal Grade Pathological ved Right Middle Lobe lung mass, 0.50 coeated with external beam radiation.	rs Ductal Carcinoma, High Grade. Patient was given I Carcinoma, Low Grade. Grade Post Therapy cinoma. Patient selected surgery for treatment. If ferentiated Mucin- Producing Adenocarcinoma_ Grade Post Therapy m. A biopsy confirmed Squamous Cell Carcinoma_ Grade Post Therapy by Grade Post Therapy owed liver mass. Biopsy was performed to determina, colon origin.

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Answers on page 6



MISSISSIPPI CANCER REGISTRY

2018 FALL EDUCATIONAL

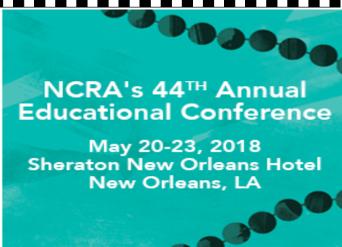
WORKSHOP

AUGUST 23, 2018

Upcoming Events







June 9—14, 2018

"Bridging the Path to the Future of Cancer Surveillance"

ITSBURGH 2018



ICD-0-3 Answers: 1) C569 8441/3 8461/3 ● 2) C019 8070/3 8086/3 ● 3) C541 8246/3 8041/3 ● 4. C492 8803/3 8803/3 Grade Answers: 1. C:3 P:9 PT:1 ● 2. C:2 P:3 PT: Blank ● 3. C:1 P:9 PT:Blank ● 4. C:9 P:9 PT:Blank



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