

Mississippi Cancer Registry Newsletter

Volume 13 Issue 2

hello

SUMMER

Reportable Diseases

Casefinding (case ascertainment) is a vital component to a successful cancer registry. Casefinding is a process to help identify eligible cases to be included in the cancer registry database. The updated casefinding list is available on the MCR website:

<https://www.umc.edu/cancerinstitute/files/reportable-cases-102017andafter.pdf>

Please remember that you need to use the comprehensive list.

Inside this issue:

Annual Fall Workshop	2
Educational Corner	3-4
Reporting schedule	4
Ask MCR	5
Upcoming Webinars	5
NAACCR Training & Education Calendar	6
2018 Implementations & Updates	6
MCRA News	7-9
CTR Exam	9
MCR Staff	10

Embracing the New
Staying balanced through the waves of change.



Mississippi Cancer Registry

2018 Fall Educational Workshop

August 23, 2018



University of Mississippi Medical Center Conference Center

Jackson Medical Mall

350 W Woodrow Wilson Ave

Jackson, MS 39213



Jennifer Rohleder, BS, CTR will be the main speaker for the annual 2018 workshop. Jennifer is the Compliance Director of Oncology Data Management and Accreditation Services for MedPartners. This one day event will provide an educational forum for healthcare professionals to broaden their knowledge with the cancer registry. The registration fee is \$20. Breakfast and lunch will be provided. Continuing Education Hours will be awarded upon the approval from NCRA. This event is co-sponsored by the Mississippi Cancer Registrars Association.

Contact: La'Tawnya Roby, BS, CTR • 601-815-5475 • ldrobby@umc.edu





EDUCATION CORNER

pM Values in the cM Data Item

If distant metastasis is pathologically confirmed prior to treatment

pM value is assigned

pM is entered into the cM and pM data items

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	

Reportability

The MCR requires that classes of case 00-22, 30, 31, 32, 34, 36, 38, 43 be reported by all facilities. Class of case 34 and 36 would be used for cases of VIN III, VAIN III and AIN III which are not reportable to the COC but must be reported to the MCR. Cancer registries must also report class of case 40-42 if they collect these cases. New cancer programs should submit class of case 35 and 37 for cases diagnosed January 1, 1996 or later. **DO NOT** use class of case 99. If you are not sure of what class of case to use, please contact the MCR for assistance.

AJCC Staging: Blanks and X

X – T value cannot be assessed

N value cannot be assessed

Blank – no information is available in chart
cannot be assigned a valid AJCC value
patient is not eligible for pathologic stage
patient did not meet classification criteria

Notes:

Cannot assign a clinical stage if cancer is not known prior to definitive treatment

No surgical resection is not pTX pNX pM blank Stage 99

If rules for classification have not been met, leave the T, N and M fields blank (Stage Group = 99)

Histology

Ignore histology terms described as "focal," "focus," or "foci for solid tumors.

Focal, foci, and focus are not used in the hematopoietic rules, meaning that you **DO NOT** ignore histology terms described as focal, foci, or focus.

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Timely Reporting Schedule

Month Diagnosed	Report to MCR
October 2017	June 2018
November 2017	July 2018
December 2017	August 2018
January 2018	September 2018
February 2018	October 2018
March 2018	November 2018

What would you like to know?... Ask MCR



What is definitive surgery?

Definitive Surgery: this is coded as either the only surgical procedure that the cancer patient had or a surgery that was done after the initial surgical procedure. This may be done due to positive surgical margins on the first surgical procedure.

Example:

A patient with breast cancer may have a lumpectomy or a total mastectomy followed by a modified radical mastectomy. The modified radical mastectomy is the definitive surgery.

49 year old black female found to have breast mass on yearly mammogram, there was a biopsy of the mass on 02/19/2017 and the pathology was determined as high grade Ductal Carcinoma. The patient had a lumpectomy 04/23/2017, the margins were not clear. 06/02/2017 Modified Radical Mastectomy was performed – no residual tumor and surgical margins were negative.

Date 1st Course RX: 20170423

Sum-Surgery PSite: 51

Date-Surgery PSite: 20170423

RxDateMostDefSurg: 20170602



Upcoming Webinars



Hospital Cancer Registry Operations-Topic TBD 7/12/18

During this session we will have guest speakers who are experts in their field discuss topics relevant to day-to-day operations in a hospital registry. Potential topics include RQRS, CQI (continuous quality improvement), etc. Final topics will be announced.

Multiple Primary and Histology Rules/ Solid Tumor Rules 8/2/18

During this webinar we will review most current MP/H rules. We will work through a variety of difficult and commonly misunderstood scenarios.

Coding Pitfalls 9/6/18

This 3-hour class will address coding dilemmas identified through quality control of registry data and present solutions with rationale for determining the number of primary tumors using the MP/H rules; assigning ICD-O-3 topography and histology codes using the ICD-O-3 Manual and MP/H rules; completing the stage of disease data items using AJCC Cancer Staging Manual, 8th Edition and Summary Stage 2000; and completing treatment data items as required by all standard setters.

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

<https://www.naacrr.org/>

NAACCR EDUCATION & TRAINING CALENDAR

Below is the link where you will find events, webinars and educational resources offered by NAACCR and partners.

<https://www.naacr.org/education-training-calendar/>



2018 Implementations and Updates

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. The eBook is coming in 2018.

- 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.naacr.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.naacr.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](https://seer.cancer.gov/tools/heme/Hematopoietic%20Instructions%20and%20Rules.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 draft is available at <https://seer.cancer.gov/tools/solidtumor/>.

CoC 2018 STORE Manual

The STORE Manual will replace the FORDS Manual and is expected to be released June 2018.



MCRA NEWS



MCRA 2018-2019 Officers

Left: Secretary/Treasurer Angel Davis

Middle: Vice President Beth Pennington

Right: President Candise Smith



Beth Pennington, RHIT, CTR– Memorial Gulfport

Beth resides in Gulfport with her husband, Jonathan and their daughter, Lauren. She has been with Memorial Hospital at Gulfport since 1992 and has been with the registry since 2005, obtaining her CTR credential in 2007. She was previously Vice President for MCRA in 2015 and President in 2016.

Candy Smith, RHIT, CTR -Cancer Registrar– UMMC

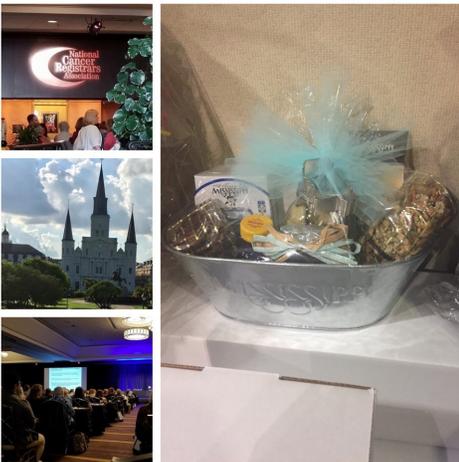
Candy is originally from Illinois. She moved to Mississippi in April 1974. She has an Angel Daughter: Mi-Kayla who passed away at 15 months old in 2001 from Neuroblastoma & 2 sons': Michael: 14 and Dustin: 13. Candy has worked at UMMC since February 2003. She graduated from Hinds Community College in 1989 with an Associate's degree in Accredited Records Technology. She obtained her RHIT in 1989 and her CTR in 2006.

Angel Davis, RHIT, CTR– Cancer Registrar –UMMC

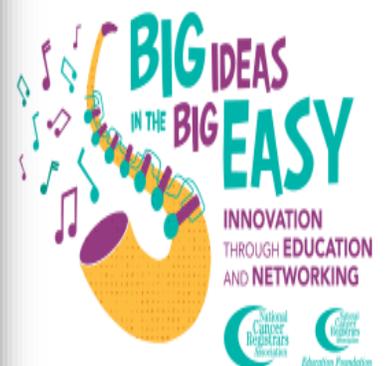
Angel is 43 years old and lives in Lena, MS. She handled real estate law for 15 years and then decided it was time for a change. She went to Hinds Community College and graduated from the Health Information program in 2015. She started at UMMC Cancer Registry as a part time Student Researcher in April 2014. She became a full time Cancer Registrar at UMMC in November 2015. Angel became a Certified Tumor Registrar in November 2016. She has been married for almost 21 years, with 2 children Torri and Hunter and 5 dogs Clary Addeboyejo, Peanut, Nala and Max.



MCRA Spring Meeting 2018



NCRA Conference 2018 New Orleans, LA





Reminder From MCRA Secretary - Treasurer

I would like to remind those members that did not get to attend the April meeting or who have not sent in to renew their annual MCRA dues of \$20 for 2018-2019 membership to do so. This will ensure getting the member rate for the upcoming Fall meeting.



Send checks to: Angel Davis 188 River Bend Road Lena, MS 39094



CTR EXAM

October 15 – November 3;
application deadline = September 25

For more information, visit

<http://www.ctrexam.org/>

New Certified Tumor Registrars

Angela Brooks, RHIT, Baptist Premier

Kim Shows, RHIT, Cancer Registrar at St. Dominic Hospital

Lisa Hamel, RHIA, Cancer Registrar at Mississippi Cancer Registry

Congratulations

detective
 passionate
 persevering
 disciplined
 meticulous
 motivated
 multitasking
 CANCER.REGISTRAR



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