

Fellow Registrars,

Cancer registrars are the first link in capturing quality data that informs cancer research, prevention, and treatment programs where we are as a nation in the fight against cancer. What you do as a registrar and the data you collect is so extremely important! I hope you have a great week as we celebrate National Cancer Registrar's Week, April 5-9, 2021.



DUE DATES

To be on track, large hospitals (>500 cases/yr.) typically would be expected to have abstracted September 2020 diagnosis cases by April 15. Smaller facilities (<300 cases /yr.) would be expected to report the 3rd Quarter of 2020 by April 15.

EDUCATION

MCR Help-Line

Reach us at 1-800-392-2829 during regular office hours, or leave a message; a member of our QA team will return your call within one business day.

FLccSC-New Courses Available!

No CEs

MO-Grade Coding Instructions: Version 2.01-March 2021-This presentation reviews the Grade Coding Instructions and Tables Version 2.01 released January 2021. Topics covered include general and specific grade coding principles with patient abstract examples, identifying grade (yc) and (yp) time frames, reviewing and understanding when to leave data values blank vs. unknown.

NPCR-Training and Education on Uses of Data-March 2021

NPCR-Education and Training on Validating Data with Text-March 2021

Earn 3 CEs

NAACCR Webinar-Boot Camp 2021-March 2021

Register for FLccSC https://mos.fcdslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP

NCRA HOSTS STORIES AND QUIZZES ON CCRE FOR FREE CES

CDC-NPCR's annual Success Stories highlight compelling examples of how cancer registry data are used to improve public health. The posters have been organized into four topic areas - collaboration, data and reporting, public health impact, and registry management - and a quiz has been developed for each topic. Successful completion of each quiz will earn registrars a complimentary CE, for a total of four. <http://www.cancerregistryeducation.org/NPCR>

MCR NEWS

Congratulations to Nancy Rold on her retirement! Nancy has been a source of knowledge and support to the MCR team for many years not to mention an exceptional teacher! We wish her the best in her new endeavors. She is looking forward to working in her flower gardens and welcoming a new grandbaby. We will miss her leadership and wonderful personality. Nancy is pictured below in her in daylily seedling garden.



Software Conversions

Your registry software vendors will be providing you with v21 software to be used in abstracting 2021 cases. Missouri customizations including a MO v21A metafile were previously provided to all vendors. A new edits metafile v21B was recently released by NAACCR and a MO customized version was sent to all vendors on March 30, 2021.

Please upload any completed v18 files to MCR before your conversion. Hold any cases abstracted in v21 until MCR announces that Web Plus has been converted. Web Plus is currently being tested at the

national level. We hope that it will be available to install at MCR by late April. We will announce when v21 is live via a blast email. Once Web Plus v21 is live, it should be able to accept either v18 or v21 files. You can then send any held cases.

Abstract Plus for MO should be available to users later in April.

MCR Manual

The Missouri Cancer Registry Abstract Code Manual 2021 has been updated and available on the MCR website.

ABSTRACTING TIPS

Case Scenario: In 2018 an MRI/Brain shows a lesion compatible with brain neoplasm. It is abstracted as a benign brain /0 and treated with active surveillance.

Then in 2020 the facility performs a brain resection, and the lesion is found to be malignant. What do you do in this situation?

According to SEER Ask a Registrar, the 2018 Solid Tumor Rules for malignant tumors will apply to this case because of the microscopic confirmation that the tumor is malignant.

The rule that applies to this case is the **Solid Tumor Rule M4:**

Abstract a single primary (the malignant) when a single tumor meets the following criteria: 1. The original diagnosis was non-malignant /0 or /1 and first course treatment was active surveillance (no resection) **AND** 2. Subsequent resection pathology is malignant /3. There is no time requirement from initial diagnosis to resection. Follow the instructions from Note 4 under STR M4:

- Do not change date of diagnosis.
- For cases which have been abstracted, change behavior code on original abstract from /0 or /1 to /3.
- Report all data changes for cases which have been submitted to the central registry.
- See the COC and SEER manuals for instructions on coding other data items such as Accession Year, Treatment and Sequence Number.

Refer to Solid Tumor Rule M4 for additional information: https://seer.cancer.gov/tools/solidtumor/Malignant_CNS_STM.pdf

NEWS FROM THE STANDARD SETTERS

NPCR, Store and SEER have posted 2021 updates for reporting. Changes pertinent to Missouri will be in the MCR Manual.

REGISTRY TO RESEARCH

Differences in cutaneous melanoma survival between the 7th and 8th edition of the American Joint Committee on Cancer (AJCC). A multicentric population-based study

<https://www.sciencedirect.com/science/article/pii/S0959804920313733?via%3Dihub>

Predictors of survival following surgical resection of limited-stage small cell lung cancer (NCDB)

<https://www.sciencedirect.com/science/article/pii/S0022522320331378?via%3Dihub>

Locoregional and Distant Outcomes in Women With cT1-3N1 Breast Cancer Treated with Neoadjuvant Chemotherapy With or Without Adjuvant Radiotherapy

<https://www.sciencedirect.com/science/article/pii/S1526820921000501?via%3Dihub>

Long-term survival comparison of repeated breast conserving surgery vs. mastectomy for DCIS patients with ipsilateral breast tumor recurrence: A real-world longitudinal study (SEER)

<https://www.sciencedirect.com/science/article/pii/S1526820921000550?via%3Dihub>

Survival Outcomes Among Patients with Breast Cancer With Distant vs Ipsilateral Supraclavicular Lymph Node Metastases (SEER)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777509>

Metastatic Pattern and Tumor Subtype Predict Survival in Stage IV Male Breast Cancer at Initial Diagnosis (SEER)

<https://link.springer.com/article/10.1007/s10549-020-06052-z>

RESOURCES AND ITEMS OF INTEREST

Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer in the APHINITY Trial: 6 Years' Follow-Up

<https://ascopubs.org/doi/10.1200/JCO.20.01204>

A solitary brain metastasis as the only site of recurrence of HR positive, HER2 negative breast cancer: a case report and review of the literature - Interesting single case report

<https://jmedicalcasereports.biomedcentral.com/articles/10.1186/s13256-020-02615-2>

Stroke rate after external fractionated radiotherapy for benign meningioma - Interesting

<https://link.springer.com/article/10.1007/s11060-020-03678-3>

Enfortumab Vedotin in Previously Treated Advanced Urothelial Carcinoma – Clinical trial may affect std of care as a second course treatment

<https://www.nejm.org/doi/10.1056/NEJMoa2035807>

Surgeon Scorecards Improve Muscle Sampling on Transurethral Resection of Bladder Tumor

<https://www.auajournals.org/doi/10.1097/JU.0000000000001372>

Preoperative Chemotherapy in Clinically Node-Positive Muscle-Invasive Bladder Cancer

<https://www.sciencedirect.com/science/article/pii/S1078143920303860?via%3Dihub>

Association of Bone Metastatic Burden With Survival Benefit From Prostate Radiotherapy in Patients With Metastatic Prostate Cancer

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2776418>

Together, our work has meaning,

