

Fellow Registrars,

I hope you have been able to enjoy some sunshine and all the things that go along with summertime! I am wondering what happened to July? If you did not have the opportunity to attend NCRA or NAACCR, please check out the free educational events listed below.

DUE DATES

To be on track, large hospitals (>500 cases/yr.) typically would be expected to have abstracted January 2021 diagnosis cases by August 15. Smaller facilities (<300 cases /yr.) would be expected to report the 1st Quarter of 2021 by October 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.

NAACCR Webinars

We are now offering Live webinars in our new office!

August 5 2021, 8-11 a.m., “**Breast 2021**” To attend the live broadcast in Columbia, sign up here: <https://www.signupgenius.com/go/30e0e4ba9a823a6fb6-naaccr1>

New Address:

Missouri Cancer Registry & Research Center
1020 Hospital Drive PS7
Columbia, Mo 65211

Visitor Parking (Parking Structure 7) for NAACCR Webinars

Only those with a valid Parking Structure 7 visitor permission pass will be allowed to park there. A visitor pass costs \$5 a day. Violators are subject to ticketing and towing. You can purchase a visitor pass online at

<https://mu.nupark.com/portal/Account/Login?ReturnUrl=%2fportal%2f>

Enter the **South Entrance** of the Parking Structure 7, go up the ramp and turn **right**. Park on levels 3, 4 or 5. Take the elevator located on the west side of the garage down to the 1st floor. MCR is located across from the elevators.

FLccSC-New Courses Available! Earn 3 CEs

NAACCR Webinar- **Quality in CoC Accreditation - July 2021**

Register for

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

Fundamentals of Abstracting Class - Fall 2021

MCR is planning a virtual Fundamentals of Abstracting Class for Fall 2021. More information to come!

43rd Annual Florida Cancer Registrars Association Educational Conference - Two *FREE* half day sessions August 2-3, 2021. For more information please email Jennie.Jones@Moffitt.org

MCR NEWS

Software Conversions

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

Web Plus will be unavailable starting today, July 30th for upgrade. Once Web Plus v21 is live, it will accept either v18 or v21 files. You can then send any held cases. We will announce when v21 is live via a blast email. Abstract Plus for MO is also expected to be available in August as well.

Death Clearance - The annual Death Clearance activities for reporting year 2019 are underway. If you received an email notification requesting follow back information from your facility, please log into WebPlus and relay any information that you may have to help us clear the case. We appreciate your contributions in making this process successful, and it is an essential part for MCR to meet our annual goals!

Change of Information - When changes need to be made to a patient's abstract, use the Change of Information form (see attachment) to submit corrections through Web Plus. Please do not resubmit abstracts unless specifically requested by MCR. The way incoming records are processed for

inclusion in the MCR database, resubmitted abstracts can result in duplication of patients, especially when a change has been made to one or more demographic items. Data items with changes to report are listed at the bottom of the COI form.

In Kind Letters - In Kind letters were recently sent to your facility asking for the amount spent on reporting cases to MCR between July 1, 2020, and June 30, 2021. Please respond by August 18, 2021, by email or brief letter.

ABSTRACTING TIPS

Institution Referred To and From Fields - The Institution Referred To and From Fields should be filled out on patients with a Class of Case 00, 13, 20, 21, or 22. Please enter valid codes as shown in the pick list. There are specific FIN codes for know inpatient and outpatient facilities as well as for NOS codes to use when only the type of facility is known, e.g. nursing home, NOS, physician, NOS, non-hospital, NOS and others. Don' t enter codes that are specific to your facility only.

BI-RADS - A friendly reminder - Please remember that a high BI-RADS score, by itself, does not constitute a reportable diagnosis and cannot be used as a basis for determining the date of a cancer diagnosis. According to multiple statements posted to the CoC CANSWER Forum, "BI-RADS" is not an ambiguous term which represents a reportable diagnosis. When used to confirm a diagnosis for reporting a case, BI-RADS must be accompanied by specific ambiguous terminology listed in 2018 STORE page 16. For example, a mammography report stating findings as, "...a 1.5 cm mass is found in the UOQ of the left breast, BI-RADS 5" is **not** indicative of a diagnosis of breast cancer. However, when stated as "...a mass in the left breast, BI-RADS 5, *suspicious for malignancy*", the imaging report **does** constitute a reportable diagnosis. It is the interpretation of the BIRADS using reportable terms that makes the case reportable, not the BIRADS score itself.

NEWS FROM THE STANDARD SETTERS

No new news!

REGISTRY TO RESEARCH

Association of guideline-concordant initial systemic treatment with clinical and economic outcomes among older women with metastatic breast cancer in the United States (SEER)

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1879406821001338?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fp>

[ii%2FS1879406821001338%3Fshowall%3Dtrue&referrer=https:%2F%2Fwww.practiceupdate.com%2F](https://www.practiceupdate.com/)

Geographic Disparities Found in Cancer Diagnosis Stage, Mortality for AYAs (NCDB)

<https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.33667?af=R>

RESOURCES AND ITEMS OF INTEREST

Combination Immunotherapy in Patients With Advanced Melanoma and Pre-Existing Autoimmune Diseases

<https://jitc.bmj.com/content/9/5/e002121>

Effect of Postoperative Radiotherapy for Patients With pIIIA-N2 NSCLC After Complete Resection and Adjuvant Chemotherapy

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2781087>

The 2021 WHO Classification of Tumors of the Central Nervous System: a summary

<https://academic.oup.com/neuro-oncology/advance-article/doi/10.1093/neuonc/noab106/6311214>

An economic analysis comparing health care resource use and cost of dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin versus gemcitabine and cisplatin as neoadjuvant therapy for muscle invasive bladder cancer

<https://www.clinicalkey.com#!/content/playContent/1-s2.0-S1078143921001903?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1078143921001903%3Fshowall%3Dtrue&referrer=https:%2F%2Fwww.practiceupdate.com%2F>

Serologic Status and Toxic Effects of the SARS-CoV-2 BNT162b2 Vaccine in Patients Undergoing Treatment for Cancer

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2781608>

Zanubrutinib for Relapsed/Refractory Mantle Cell Lymphoma

<https://ashpublications.org/bloodadvances/article/5/12/2577/476187/Zanubrutinib-for-the-treatment-of-relapsed-or>

Quantitative Micro-Elastography Imaging System Earns FDA Breakthrough Device Designation for Use in Breast-Conserving Surgery

https://www.cancernetwork.com/view/quantitative-micro-elastography-imaging-system-earns-fda-breakthrough-device-designation-for-use-in-breast-conserving-surgery?utm_source=sfmc&utm_medium=email&utm_campaign=5.14_CN_PROMO_BEY-21-

[OND0389 Beyond%20Spring Breast%20TRC&eKey=ZnJhbmNpc3JAaGVhbHRoLmlpc3NvdXJpLmVkdQ==](https://doi.org/10.1007/s00280-021-04299-x)

Dabrafenib and Trametinib Exposure Efficacy and Tolerance in Metastatic Melanoma Patients

<https://link.springer.com/article/10.1007/s00280-021-04299-x>

Coming together is a beginning, keeping together is progress, working together is success - Henry Ford