

2018 — A YEAR OF CHANGES
MOSTRA ANNUAL MEETING
COLUMBIA, MO

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Missouri Cancer Registry and
Research Center

ACKNOWLEDGEMENTS

The Missouri Cancer Registry and Research Center (MCR-ARC) is supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (NU58DP006299-02) and a Surveillance Contract between DHSS and the University of Missouri (MU).

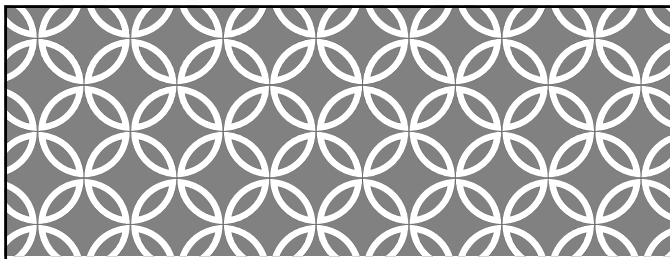
**QUALITY CERTIFICATION
THANK YOU!**

NAACCR



NPCR





STAFF NEWS & ACTIVITIES |

NEW CTR!



Jeff Steffens, CTR
Data Specialist
Data Collection & Processing Unit

ARRIVAL



Qiao Wang
Graduate Research Assistant
Statistics

DEPARTURE



Shari Ackerman
Supervisor
Data Collection & Processing Unit

To
Executive Assistant
MU School of Medicine Deans Office

OPENING



FILE PROCESSING

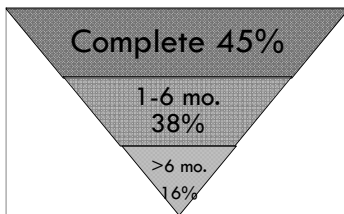
Annual
Analysis

MCR BY THE NUMBERS - FY 2018

Measure	Result
Average file processing time	13 days
Average # records processed per month	5,604
Total # records processed in FY2018	67,245
% that must be consolidated with other records	42% (28,242)
Average # files submitted per month	72
Average # records per file	76

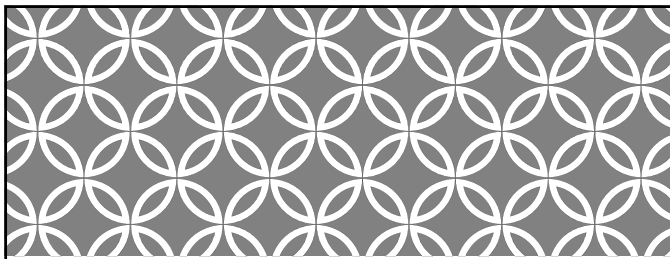
TIMELINESS & COMPLETION

36% of facilities met MCR Gold Level



EVALUATION PLAN

Trend 2013-2016	# of Hospitals	% of Critically Late Hospitals
Isolated, Resolved, Resolving, Closed	15	48%
Isolated - new	3	10%
Chronic - improving	3	10%
Chronic	7	23%
Worsening	3	10%



DATA USE

Annual
Recap

CDC OVARIAN STUDY

335 cases submitted – Thank YOU!

Data now under review at CDC

MCR to help with data analysis and report

DATA REPORTS

DHSS - Public Health

- Show Me Healthy Women linkages – twice per year
- Helped 9 families with documentation needed to apply for Dept. of Labor benefits
- 5 requests from state epidemiologist

Hospital

- 1 Hospital request for data

Researchers

- 12 ongoing or proposed projects

PUBLICATIONS

Ovarian Cancer Survival in the State of Missouri, U.S. Missouri Medicine. In press. 2018.

Estimates of Female Breast Cancer Mortality-to-Incidence Ratio (MIR) of the Counties and the Senatorial Districts Grouped to County Boundaries (SDGCs) in Missouri 2008 - 2012, Journal of Health Disparities Research and Practice, Vol. 11 - Iss. 3, Article 1. Available at: <https://digitalscholarship.unlv.edu/jhdrp/vol11/iss3/1>.

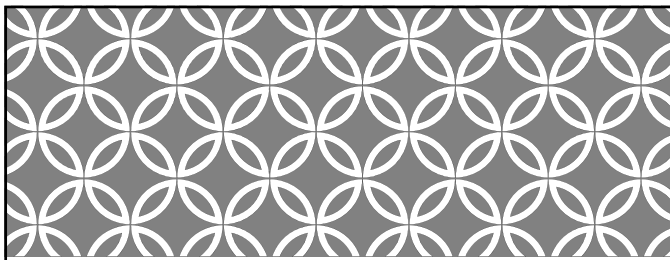
Improving Visualization of Female Breast Cancer Survival Estimates: Analysis Using Interactive Mapping Reports. JMIR Public Health Surveill 2018;4(2):e42. URL: <http://publichealth.jmir.org/2018/2/e42>. DOI: 10.2196/publichealth.8163. PMID: 29724710.

The impact of screening on cancer incidence and mortality in Missouri, USA, 2004-2013. Public Health. 2018 Jan;134(1-58). doi: 10.1016/j.puhe.2017.10.015. Epub 2017 Dec 1. PubMed PMID: 29197686.

Estimated and Interactively Visualized Female Breast Cancer Incidence Rates in Missouri Senate Districts 2008-2012. Online Journal of Public Health Informatics, [S.L.], v. 9, n. 3, dec. 2017. ISSN 1947-2579. Available at: <<http://ojphi.org/ojs/index.php/ojphi/article/view/8084>>. doi:<https://dx.doi.org/10.5219/ojphi.v9i3.8084>.

Usability Assessment of the Missouri Cancer Registry's Published Interactive Mapping Reports: Round One. Eisenboch C, ed. JMIR Human Factors 2017;4(3):e19. doi:10.2196/humanfactors.7895.

Trend analysis and survival of primary gallbladder cancer in the United States: A 1973-2009 population-based study. Cancer Medicine. 6(4). March 2017. 10.1002/cam4.1044.



AUDITS | 2018
Initiatives

VISUAL REVIEW – QUALITY ASSURANCE

Most Frequently Cited:

- Code FNA of regional LN in “Scope of Regional LN Surgery” (not as bx)
- Code Cystoprostatectomy 71, not in the 60s range
- Code Hematopoietic and Lymphoid Primary Site from manual and database using all info available (bxs and scans, etc.)
- Text: Include Laterality, Date and Facility of treatments

DATA QUALITY AUDIT

This year we did a follow-up audit to measure the effect of an educational article in the MCR Monthly Update regarding our January 2017 audit of pituitary adenoma coding.

Histology coding had improved in 2018 with errors dropping from 11% to 5%.

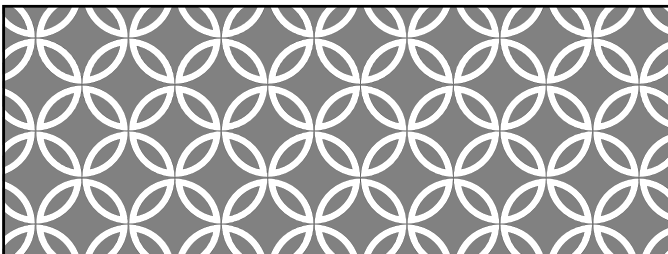
Paradoxically, errors in the coding of SEER Summary Stage 2000 more than tripled after the educational article (8% to 25% errors)

The difference is likely due to a smaller sample for the follow-up study (n = 706 vs. 263)

CASEFINDING AUDIT

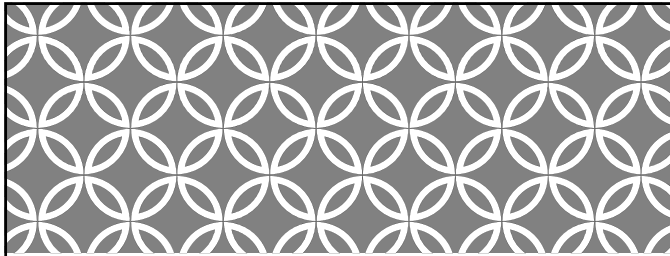
MCR is working with DHSS on a way to conduct a 2019 casefinding audit without having to travel to each facility.

Details will be communicated in a future MCR Monthly Update.



DEATH CLEARANCE

Progress
and
Thanks



2018 REPORTING

Strategies
for
Success

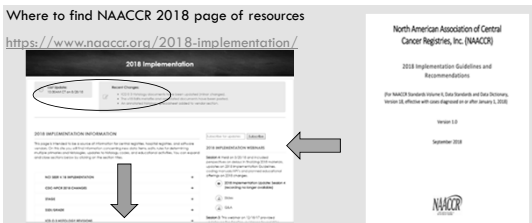
*He who has a why to live
can bear almost any how.*

— Friedrich Nietzsche

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2018 CHANGE OVERVIEW PAGE

Where to find NAACCR 2018 page of resources
<https://www.naacr.org/2018-implementation/>



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MANUALS FOR 2018

AJCC 8 th Edition	Site Specific Data Items
ICD-O-3	Grade
Solid Tumor Rules	SEER Summary Stage 2018
Hematopoietic and Lymphoid DB/Manual	STORE & MCR Manuals

DO I NEED AN AJCC8 MANUAL?

CoC accredited facility? Yes!
Non-CoC accredited? Very helpful
•As part of a shared reference library?
Helps in understanding relationship to other required fields
•Grade, SS2018, SSDI
Helpful to interpret MD documentation

AJCC 26

HOW TO USE THE AJCC8 MANUAL

Correct Printing
•“© ACoS 2017. Corrected at 3rd printing 2017” (1032 pages)
Updated Errata – handy or annotated book
Chapter 1 – re-written for clarity – read carefully
Chapter Summary – contains cancers included excluded from staging; summary of changes, topography and histology lists
Prognostic Factors & Grade may be required for stage (also covered in SSDI & Grade Manuals)

AJCC 27

AJCC8 - APPLY THE RULES

3 AJCC pdfs –Staging, In Situ Neoplasia, Node Status

Chapter Rules – over-ride General Rules
 *Rules for Classification (Clin/Path) – very important – impacts Grade

Drop down menus can't include all rules

Edits – don't check all possible situations, you need to check the manual

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1ST & 2ND PRINTINGS FATE???



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ICD-O-3 GUIDELINES TABLE FORMAT – ALPHA ORDER

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8550/3	Acinar adenocarcinoma (C34_3)	Y	Long carcinoma diagnosis prior to ICD-O-3 use code 8550/3 for prostate (all plans) see 8550/3
New Term	8140/3	Acinar adenocarcinoma (D61.4 ONLY)	Y	For prostate only, do not use 8140/3
New Term	8170/3	Acinar adenocarcinoma, unclassified (D61.9)	Y	
New Term	8550/3	Acinar cell carcinoma	Y	Excludes OLS. In use 8550/3
New Term	8336/3	Acquired cystic disease associated renal cell carcinoma (MCC) (D64.8)	Y	
New Code/term	8136/3	ACTH-producing tumor	N	
New Term	8574/3	Adenocarcinoma admixed with neuroendocrine carcinoma (C34_3)	Y	
Revised Code/term	8550/2	Adenocarcinoma in situ, mucinous (C34_3)	Y	replaced with: Long primaries ONLY. For cases diagnosed ICD-O-3 forward do not use code 8480 mucinous adenocarcinoma for in situ adenocarcinoma, mucinous or invasive mucinous adenocarcinoma

Acinar
 adenocarcinoma
 adenoma
 carcinoma

M-8550/3
 M-8550/0
 M-8550/3

M-8154/3 Acinar-endocrine carcinoma, mixed

Acinar cell
 adenoma
 carcinoma
 cystadenocarcinoma
 tumor (obs)

M-8550/0
 M-8550/3
 M-8551/3
 M-8550/1

Acinic cell
 adenocarcinoma
 adenoma
 tumor (obs)

M-8550/3
 M-8550/0
 M-8550/1

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HOW TO USE ICD-O-3 TABLE/LIST

Keep new lists handy to use first

1. ICD-O-3 (2014 and) 2018 List or Table
2. Solid Tumor Rules or Heme Database, Grade
3. ICD-O-3 book
4. No answer? Ask a SEER Registrar

No plans currently for an ICD-O-4

Online ICD-O-3.1 not approved by standard setters for use in North America

K00-1 28

SOLID TUMOR MANUAL – HOW TO

Used to determine site/#primaries/histology – BEFORE staging

For cases diagnosed 2018 and later

Continue to use MP/H rules for diagnoses 2007-2017

Each site module has a section pointing out changes

Colon, Rectosigmoid, and Rectum Equivalent Terms and Definitions
C180-C189, C190, C200
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Changes from 2007 MPH Rules

SOLID TUMOR RULES 22

HEMATOPOIETIC AND LYMPHOID DATABASE

Updates based on

- AJCC 8th Edition clarifications
- Revised WHO hematopoietic book
- Previous errors corrected

New drop-down box for diagnosis year 2018

Grade not applicable in 2018, except for follicular lymphomas with ocular primary sites

H00-1 33

SITE SPECIFIC DATA ITEMS - NPCR/MCR REQUIRED

SSDI	Schemas
Brain Molecular Markers	Brain
Breslow Tumor Thickness	Skin - Melanoma
Estrogen Receptor Summary	Breast
Estrogen Receptor Total Allred Score	Breast
Fibrosis Score	Liver
Gleason Score – Clinical and Path	Prostate
HER2 Overall Summary	Breast
Microsatellite Instability (MSI)	Colon & Rectum
Progesterone Receptor Summary	Breast
Progesterone Receptor Total Allred Score	Breast
PSA (Prostatic Specific Antigen) Lab Value	Prostate
LDH Pretreatment Lab Value	Skin – Melanoma, Plasma Cell Myeloma & Plasma Cell Disorders

CANCER SCHEMA LIST

Data Last Updated: Sept. 5, 2018 (Version 1.4)

Standard Search Site/Visit Search Displaying 118 Schemas

Search Term:

RESOURCES

- SSD Manual
- SSD Manual Appendix 1
- SSD Manual Appendix 2
- Oracle Manual
- Change Log

Comments or suggestions concerning the SSD's are welcome and can be posted at the American College of Surgeons eAnswer Forum.

Asthma (Hx/In) Other	Tra Other	Melanoma (Ocular) and Ocular Body	Plasma Cell Disorders
Adrenal Gland	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Ampulla of Vater	Floor of Mouth	Melanoma Head and Neck	Plavul Mesothelioma
Anus	Ovary/Ovary	Melanoma Ili	Primary Cutaneous Lymphoma (Including MF and DL)
Appendix	Ovarial Remnant Other	Melanoma Skin	Primary Peritoneal Carcinoma
Bile Duct Distal	GST	Middle Ear	Prostate
Bile Duct Intrahepatic	Gum	Mouth Other	Respiratory Other
Bile Duct Perihilar			Retroperitoneum

SCHEMA DISCRIMINATOR 1 - OCCULT HEAD AND NECK

We used to code Primary Site as C14.8, but:

New Rules - Code C76.0 when positive cervical nodes AND no primary evident or only suspected to be H&N primary

Because no T0 for most AJCC H&N chapters

Exceptions:

- If p16 positive assign C10.9 Oropharynx (AJCC T0)
- If EBV positive assign C11.9 Nasopharynx (AJCC T0)

Code C14.8 if non-occult: primary evident, but site can't be determined, overlapping H&N sites

GRADE - NEW FIELDS & RULES

Clinical – before any tx

Pathological – from AJCC resection w/o neoadjuvant

• Record **clinical** grade here when:

- no grade or no residual on resection
- clinically invasive on biopsy but resection path report just shows in situ

Post-Therapy – resection after standard neo-adj (AJCC yp)

• code 9 if no residual after neo-adj tx

All 3 are schema-specific!

GRADE 37

GRADE EXAMPLE - BREAST

G	G Definition
1	G1: Low combined histologic grade (favorable), SBR score of 3–5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8–9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown Not applicable

GRADE 38

SUMMARY STAGE 2018 - KEY CHANGES

Designed to reflect AJCC 8, including chapter order

- Basics are same – single stage, changes are specific
- No stage 5 (Regional, NOS)
- Benign/borderline Brain, CNS, Intracranial Gland = 8
- Includes lymphoma/leukemia
- Ambiguous terms list is specific to SS2018

Will continue to be direct coded in Missouri

GRADE 39

SS2018 VS AJCC

Colon/Rectum - intramucosal/transmural

•SS2018 – local AJCC – in situ

•T4 in AJCC may be Distant by Direct Extension in SS2018

•Lung – direct extension to chest wall, heart or adjacent rib

•Colon T4b - direct extension into adjacent organ

•N3 in AJCC may be Distant LN in SS2018

•Lung & Breast – supraclavicular, cervical

SS2018 41

SEER EOD - NOT REQUIRED IN MO

One manual you do not need this year is SEER Extent of Disease which has been revised for 2018.

Only required in SEER-funded states

SS2018 41

HOW TO USE STORE MANUAL

Read

•Preface

•STORE Overview

Similar layout

•Section One: Eligibility and Overview of Coding Principles

•Section Two: Instructions for Coding

Latest version – can be annotated!

SS2018 41

STORE - NEW FIELDS

Reflects various 2018 changes from other std. setters

New data items:

- SLN and Regional LN items
- Radiation items - Phase-specific & Summary
- Follow-up items – Date of Last Cancer/Tumor Status

New, separate fields “AJCC TNM...” for 2018 TNM

STORE 43



No STORE changes planned in 2019

STORE 44

MCR REQUIRED – OTHER NEW FIELD

CoC Accreditation Flag

- Not CoC accredited
- CoC accredited
 - Analytic vs. non-analytic case

MCR - REPORTABILITY

No Changes on intraepithelial neoplasias

- Reportable: anus AIN III, vulva VIN III, vagina VAIN III, larynx LIN III, squamous SIN III (except cervix and skin)
- Not Reportable: cervix CIN, prostate PIN

Staging ≠ Reportability

- Lip Vermillion and Breast LCIS still reportable

2018 EDITS

National edits – October 2018

- v18 Edits on new fields or to update to logic to accommodate 2018 changes
- v18A, v18B fixes to faulty edits

Missouri edits

- MO v18B to vendors

No additional new edits until 2019

NEW EDIT: SEX, NAME- FIRST, DATE OF BIRTH

The edit compares the patient's first name (converted to uppercase) against a list of known name/sex pairs and the birth decade for which they are most common.

If upon review the coded sex and first name are found to be accurate and in conformance with coding rules, the fields may be left as coded and the Over-ride Name/Sex flag coded to 1.

When applied to 2017 cases at MCR the error rate was only 0.3%, so it should not be an undue burden on facilities.

EDIT QUESTIONS

Where to Direct Problems:

- Central Registry
- MCR: 1-800-392-2829
(know the edit name, message, field entries)

Central Registry will pass on any info on broken edits to NCDB or NAACCR committee

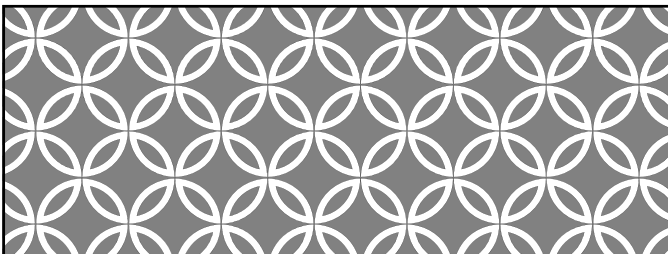
ENIS 18

NON-EDIT REVIEW BY MCR

- Site, Subsite, Histology & Behavior
- These continue to be very important
 - Note ICD-O-3 changes
 - Be as specific as you can
 - Used to derive Schema ID and AJCC ID

Schema ID and AJCC ID point to rules regarding

- TNM groups, SSDI, SS18, Solid Tumor Rules, LVI, 2018 Grade tables as well as Edits



EDUCATION

Resources
and
Plans

NEW RESOURCES FROM MCR

Show Me Tips



You Tube



RECOMMENDED 2018 RESOURCES

[November MCR Monthly Update – attached spreadsheet](#)

Tab 1 – **Manuals:** list with URLs, errata/updates, where to ask questions

Tab 2 – **Education:** List of 2018 webinars and educational resources with hyperlinks

UPCOMING WEBINARS

MCR

• Zoom – Dec. 12 - 2018 Changes: Strategies for Success; Feb. 13 – Solid Tumor Rules - Breast

• You Tube – January – MCR required SSDIs

NAACCR Live 2018 Implementation Series

• Edits, SSDIs, Solid Tumor Rules

NAACCR Monthly Series (Recordings available through MCR)

• Pharynx, Breast, Testis, Colon, Boot Camp Scenarios, Hematopoietic and Lymphoid Neoplasms, Neuroendocrine Tumors, Ovary, Solid Tumor Rules, Coding Pitfalls

SEER EDUCATE

Practice cases & feedback:
Summary Stage 2018
(1.25 CEs per 5 cases)



HAVE A GAME PLAN

- Might you want to
- Abstract in batches by site to become familiar with changes within one site at a time?
 - Ask questions if you detect problems with software or confusion regarding standard changes?
 - Take advantage of any trainings offered?
 - Suggest to standard setters trainings you feel you need?
 - Set aside time to get practice & feedback in SEER Educate?

2

YOUR CONTINUED FEEDBACK

What is MCR doing well?
What would you like to see us do differently?

Contact:
Nancy Rold – Operations Manager
roldn@missouri.edu



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And Research Center



QUESTIONS? |
