

*Fellow Registrars,*

*Summer has moved on and fall is here! The MCR team is actively preparing for the annual Call for Data. If you have not finished submitting 2019 cases, please submit those cases as soon as possible. Every case counts toward fighting cancer!*

## **DUE DATES**

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

## **EDUCATION**

### **NAACCR Webinars**

We are now offering Live webinars in our new office!

October 7, 2021, 8-11 a.m., “**NAACCR Webinar-Uterus 2021**”. To attend the live broadcast in Columbia, sign up here: <https://www.signupgenius.com/go/30e0e4ba9a823a6fb6-naaccr4>

### **New Address:**

Missouri Cancer Registry & Research Center  
1020 Hospital Dr.  
Columbia, Mo 65211

### **Visitor Parking at Parking Structure 7 (PS7) for NAACCR Webinars**

Only those with a valid PS7 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 Parking Structure 7 (PS7), 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 1<sup>st</sup> floor. MCR is located across from the elevators.

### **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.

### **Fundamentals of Abstracting Class – Fall 2021**

MCR would like your input! Do you have staff that would like to attend the Fundamentals of Abstracting Class? We are planning on hosting a virtual class this fall. More information to come!

Please email your interest to me at [lahf5p@missouri.edu](mailto:lahf5p@missouri.edu).

### **FLccSC-New Courses Available!**

Earn 3 CEs

NAACCR Webinar-**Coding Pitfalls 2021** presented September 2021

No CEs

Missouri Cancer Registry Webinar-**Radiation Data Items in the STORE and Common Radiation Coding Errors**-September 2021

Register for FLccSC [https://mos.fcslms.med.miami.edu/ords/f?p=105:LOGIN\\_DESKTOP](https://mos.fcslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP)

## **MCR NEWS**

### **V22: 2022 MO Required Fields/Metafile**

Currently, there are only a few NPCR-required field changes for V22.

- Tobacco Use Smoking Status - This information will need to be collected for NPCR in addition to the MCR Smoking fields
- Esophagus and EGJ Tumor Epicenter – SSDI for tumor location in the epicenter of the tumor in the esophagus: Upper, Middle, Lower or Esophagus, NOS
- P16 – SSDI for Cervical cancer which must be based on immunochemistry (IHC) test results for p16 overexpression, other methods of testing such as DNA, mRNA should not be coded for this data item

We have updated the MO required fields user dictionary for 2022 and created the new MO edits metafile. The new metafile will be provided to your software vendors and posted to the MCR website in early October.

**Death Clearance** - The annual Death Clearance activities for reporting year 2019 are still underway. Thank you to all that have responded and provided essential information. This contribution helps MCR to continue to be successful in meeting our annual goals.

If you received an email notification requesting follow back information from our facility, please log into WebPlus and relay any information that you may have to help us clear the case. Your contributions are very much appreciated.

**Abstract Plus** – We plan to have the new version of Abstract Plus ready in early October. I will send out a blast email when the new version is available.

## **ABSTRACTING TIPS**

### **Answer Forum update 6/14/21 NET of gastrointestinal morphologies**

A “Well-differentiated neuroendocrine carcinoma,” can be a Grade 1, 2, or 3 based on the mitotic rate and/or Ki-67.

If the pathologist documents the grade as Grade 1 (G1), Grade 2 (G2) or Grade 3 (G3) then you can code it 1, 2 or 3.

Code	Grade Description
1	G1: Mitotic count (per 10 HPF) less than 2 AND Ki-67 index (%) less than 3
2	G2: Mitotic count (per 10 HPF) equal 2-20 OR Ki-67 index (%) equal 3-20
3	G3: Mitotic count (per 10 HPF) greater than 20 OR Ki-67 index (%) greater than 20
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

Grade 1 – NET G1 (8240/3)

Grade 2 – NET G2 (8249/3)

Grade 3 – NET G3

Grade 1 – neuroendocrine carcinoma, low grade (8240/3) or neuroendocrine carcinoma, well differentiated (8240/3)

Grade 2 – neuroendocrine carcinoma, moderately differentiated (8249/3)

Grade 3 – neuroendocrine carcinoma, poorly differentiated

**But** if the pathologist documents “Well-differentiated neuroendocrine carcinoma” with **no** documentation of G1, G2, or G3 then you cannot use the preferred grading system. You would have to assign “A” from the generic grade codes, since it is identified as a well-differentiated carcinoma.

## NEWS FROM THE STANDARD SETTERS

Standard setters are actively working on and nearly finished with Implementation Guidelines and Recommendations for 2022. More details will be provided on those guidelines in the upcoming months.

## REGISTRY TO RESEARCH

Survival Outcomes Following Discontinuation of Ipilimumab and Nivolumab for Advanced Melanoma (AJCC)

<https://www.sciencedirect.com/science/article/pii/S0936655521002296?via%3Dihub>

Glioma Incidence and Survival Differ by Age and Sex (NPCR and SEER)

<https://academic.oup.com/neuro-oncology/advance-article/doi/10.1093/neuonc/noab199/6350590>

Brain and Other CNS Tumor Statistics, 2021 (NPCR and SEER)

<https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21693>

Utilization and Outcomes of Metastasectomy for Patients With Metastatic Urothelial Cancer (NCDB)

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1078143921003331?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1078143921003331%3Fshowall%3Dtrue&referrer=https:%2F%2Fwww.practiceupdate.com%2F>

High-Intensity Local Clinical Node–Positive Urothelial Carcinoma Treatment and Survival Outcomes (NCDB)

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1078143921003367?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1078143921003367%3Fshowall%3Dtrue&referrer=https:%2F%2Fwww.practiceupdate.com%2F>

Projected Association of HPV Vaccination With Oropharynx Cancer Incidence in the US, 2020–2045 (SEER)

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2783491>

## RESOURCES AND ITEMS OF INTEREST

An Integrative Molecular Classification of Meningiomas

<https://www.nature.com/articles/s41586-021-03850-3>

Genetic Identification of Older Patients With AML Achieving Long-Term Survival With Intensive Chemotherapy

<https://ashpublications.org/blood/article/138/7/507/476041/Genetic-identification-of-patients-with-AML-older>

Stereotactic Ablative Radiotherapy in T1-2N0M0 SCLC

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0169500221004724?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0169500221004724%3Fshowall%3Dtrue&referrer=https:%2F%2Fwww.practiceupdate.com%2F>

Cardiovascular Events in Men With Prostate Cancer Receiving Hormone Therapy

<https://www.auajournals.org/doi/10.1097/JU.0000000000001785>

*Coming together is a beginning, keeping together is progress, working together is success – Henry Ford  
Fellow Registrars,*

*We are quickly approaching the busy holiday season and the end of another year! We wish you a wonderful holiday season.*

*We have identified many educational opportunities below if you need CE hours. Babette led us through the creation of an on-line Fundamentals of Abstracting course using Canvas. If you have any staff that may be interested in the Cancer Registry profession, it's a great opportunity to learn about cancer abstracting and reporting.*

## DUE DATES

To be on track, large hospitals (>500 cases/yr.) typically would be expected to have abstracted April 2021 diagnosis cases by November 15. Smaller facilities (<300 cases /yr.) would be expected to report the 2<sup>nd</sup> Quarter of 2021 by January 15, 2022.

## **EDUCATION**

### **NAACCR Webinars**

We are now offering Live webinars in our new office!

November 4, 2021, 8-11 a.m., “**NAACCR Webinar-Bladder 2021**”. To attend the live broadcast in Columbia, sign up here: <https://www.signupgenius.com/go/30E0E4BA9A823A6FB6-naaccr5>

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### **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.

### **Fundamentals of Abstracting Class – Fall 2021**

MCR is hosting an on-line Fundamentals of Abstracting course beginning December 2, 2021, to be taken at your own pace through January 15, 2022. This class geared toward new abstractors who are not familiar with the abstracting process. If you are not familiar with abstracting and/or the required fields, this is a great place to start. Students will view fifteen pre-recorded **Voice Thread** presentations of the Missouri Cancer Registry Abstract Code Manual at their own pace. When completed with the **Voice Thread** presentations students can work through five practice cases using the Missouri Cancer Registry and Research Abstract Code Manual. The fee for the course is \$50 which covers the cost of the MCR Abstract Code Manual and postage. The course will be available on the University of Missouri Canvas platform. You can register for this course by using the following Sign-up Genius link. <https://www.signupgenius.com/go/30e0e4ba9a823a6fb6-fundamentals1>. Registrations are due by December 1, 2021.

### **SEER Educate**

Dx year 2021 EOD, Summary Stage, SSDI, Grade exercises for bladder, breast, colon/rectum, lung, melanoma, and prostate. Dx 2021 Solid Tumor Rules for Melanoma. Category A CE's are available.

The exercises are set up with a scenario, coding form and detailed rationales. Log in or sign up at SEER\*Educate today by visiting <https://educate.fredhutch.org/> and Learn by Doing!

### **FLccSC-New Courses Available!**

#### Earn 3 CEs

NAACCR Webinar-**Uterus 2021** presented October 2021

#### Earn 2 CEs

#### **SEER Summary 2018**

This course will review the general guidelines and rules for SEER Summary 2018. SEER Summary 2018 is a required data item for all facilities in Missouri for cases diagnosed 2018 and forward.

#### **Order of Operations 2018**

Where to begin when assigning primary site, histology, grade, summary stage, and SSDI. This presentation will assist you on the steps to follow to accurately code these data items and where to look for answers to questions regarding these items.

### **MCR NEWS**

#### **National Call for Data**

We are quite busy preparing our data files for submission to NAACCR and NPCR. In November, we will send consolidated cases of cancers diagnosed in Missouri residents from 1996-2019 to NAACCR for certification. To assure the best data, we do annual batch data cleaning to supplement our monthly QA activities:

- All male breast cancers are checked, sex code vs. text, to be sure there was not a slip of the cursor when coding sex. In such a small population, inadvertent coding errors could significantly skew the data.
- Typically, female first names for patients coded male are checked against text.
- Typically, male first names for patients coded female are checked against text.
- Any sex code greater than 2 is checked against text.
- Unknown Race 1 is checked against text.
- Unknown county cases are checked.
- Duplicate cases for the same primary are reviewed and consolidated.

To achieve gold certification as we have in the past, MCR must meet or exceed these standards: 1) duplicate case rate must be less than 0.1%, 2) Call for Data edits must be cleared, 3) Less than 3% of our cases can have unknown race and 4) less than 2% of the cases can lack meaningful information on age, sex, or county. Additionally, MCR must submit 95% of expected cases for 2019. Less than 3% of the cases can be reported from death certificate only. We depend on your timely and complete submissions to meet these criteria. **Please send us any remaining 2019 cases ASAP!** We want your data included in national statistics!

**Death Clearance** - The annual Death Clearance activities for reporting year 2019 are in the process of wrapping up. Thank you to all that have responded and provided essential information. Your contributions are an important part of creating another successful year at MCR.

If you received an email notification requesting follow back information from our facility and have not yet completed your responses, please log into WebPlus and relay any information that you may have as soon as possible. This will ensure that your contributions are part of our annual call for data submission.

**Abstract Plus** – We plan to have the new version of Abstract Plus ready in early November. I apologize for the delay we have had in providing an updated version of the product. I will send out a blast email when the new version is available.

## ABSTRACTING TIPS

### **Tweak your text**

When synchronous primaries are diagnosed and treated, address them separately when entering abstract text. This is especially important for primaries arising in each laterality of paired organs. Include text that supports codes entered for the specific primary only. If pasting text from the EMR into the abstract, remove text that pertains to the other primary only so that only text that supports coding choices in the case being abstract remains. Cookie-cutter text entries that duplicate the same text in all abstracts can make it difficult to ascertain relevant details of each primary being reported.

## NEWS FROM THE STANDARD SETTERS

### **NAACCR 2022 Updates:**

On Monday December 13, 2021 at 1:30ET NAACCR is hosting a free 2 hour webinar addressing 2022 updates to ICD O histologies, Solid Tumor Rules, and SSDIs. Guest speakers are Lois Dickie and Jennifer Ruhl.

Registration is available at [https://naaccr.zoom.us/webinar/register/WN\\_yHH44lpFSAm7a2avDBcXQg](https://naaccr.zoom.us/webinar/register/WN_yHH44lpFSAm7a2avDBcXQg)

## REGISTRY TO RESEARCH

Consider Forgoing NAC in Adenocarcinoma, Squamous Cell, or Micropapillary Disease, Pathological Downstaging and Survival Outcomes Associated with Neoadjuvant Chemotherapy for Variant Histology Muscle Invasive Bladder Cancer (NCDB)

<https://www.auajournals.org/doi/10.1097/JU.0000000000001855>

Metastatic Intracranial Lesions in Stage III and IV Melanoma

<https://link.springer.com/article/10.1007%2Fs11060-021-03813-8>

Salvage Metastasectomy After Systemic Therapy for Melanoma

<https://link.springer.com/article/10.1245%2Fs10434-021-10489-x>

Primary Brain and Other CNS Tumors Diagnosed in the US in 2014–2018 (CDC, NCI)

[https://academic.oup.com/neuro-oncology/article/23/Supplement\\_3/iii1/6381476](https://academic.oup.com/neuro-oncology/article/23/Supplement_3/iii1/6381476)

Metastatic Intracranial Lesions in Stage III and IV Melanoma (Cancer Registry, AJCC)

<https://link.springer.com/article/10.1007%2Fs11060-021-03813-8>

## RESOURCES AND ITEMS OF INTEREST

Oncologic Surveillance for Variant Histology Bladder Cancer

<https://www.auajournals.org/doi/10.1097/JU.0000000000001886>

Two Sequential Treatments in the First-Line for Metastatic Pancreatic Cancer

<https://ascopubs.org/doi/10.1200/JCO.20.03329>

First AI Pathology Program Approved: Helps Detect Prostate Cancer

[https://www.medscape.com/viewarticle/959220?uac=358934FT&faf=1&sso=true&impID=3737936&src=mkm\\_ret\\_211024\\_mscpmrk\\_prostate\\_monthly](https://www.medscape.com/viewarticle/959220?uac=358934FT&faf=1&sso=true&impID=3737936&src=mkm_ret_211024_mscpmrk_prostate_monthly)

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