

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 1st 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.

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

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

The diagram shows a bracket on the right side of the table. The top three rows (G1, G2, G3) are grouped by a bracket pointing to a box labeled "Preferred grading system". The bottom four rows (A, B, C, D) are grouped by a bracket pointing to a box labeled "Generic grade codes".

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