# OCCR NEWSFLASH

*Oklahoma Central Cancer Registry*

*December 2016*


**Inside this issue:**



## Highlights from the Oklahoma Cancer Registrars Association 2016 Fall Education Conference

*By Raffaella Espinoza, MPH*

The Oklahoma Cancer Registrars Association (OCRA) successfully held their 2-day 2016 Fall Education Conference this past October at the Cancer Treatment Centers of America (CTCA) in Tulsa, Oklahoma. The conference was well attended and offered a wealth of professional development and networking opportunities. Speakers included physicians from the CTCA as well as reputable Certified Tumor Registrars (CTRs); they all delivered memorable and work applicable presentations.

The first day included an overview of the Commission on Cancer (CoC) and survey updates by William Dooley, MD, FACS. He discussed CoC standards and the importance of it being patient orientated. He also described how healthcare programs can improve its effectiveness of prevention and screening efforts and identified barriers to care for patients as well as survivorship. Survivorship was further discussed by Stephanie Moore, APRN, ACNS-BC and Traci Owen, RN, BSN. They provided a clear definition of survivorship, survivorship care plans, essential components of survivorship and the unspoken impact on intimate connections. Cynthia Holmes, MD, spoke about the interesting inner workings of a pathology lab and what happens to the specimen when it is received and how that translates onto reports. The afternoon also offered fascinating presentations on current trends in lung cancer staging by Peter Baik, DO, as well as trends in interventional pulmonology by Daniel Nader, DO, FCCP. Dr. Baik stressed the importance of accurate staging of lung cancer and through the demonstration of case studies described different methods of diagnosis. This was complimented by Dr. Nader's presentation on latest trends of new procedures used for diagnosis and staging in interventional pulmonology. Delores Greene, CTR, a respected retired OCCR employee, finished the day off with a presentation on accurate coding and the common mistakes in staging. She provided real world case scenarios and reminded us all the importance of continuing our education on cancer.

The second day did not fail to meet expectations and started with a presentation on Surgical Treatments for Head and Neck Cancer by Bradley Mons, DO. Dr. Mons provided many visual aids on where cancer can affect the patient and further explained the reconstructive options for cancer patients. Rola Eid, DO, also presented on the different reconstructive surgery options for breast cancer patients at different stages of breast cancer. She further highlighted the emotional hardship breast cancer patients face and how these surgeries can help alleviate the stress. The day included updates on the potential ways of improving HER-2 molecular testing accuracy by Larry Meysing and overview of Multiple Myeloma by Sanjay Sharma, MD. Susan Nagelhout, CTR, OCCR's Compliance and Education Specialist, concluded the day with her summary on the changes included in the American Joint Committee on Cancer (AJCC) Staging Manual 8th Edition.

We eagerly look forward to next year's OCRA Fall Education Conference!

## Date of First Contact

*By Susan Nagelhout, CTR*

Facility Oncology Registry Data Standards (FORDS) manual for 2016 defines "Date of First Contact" as the date of first contact with the reporting facility for the diagnosis or treatment of cancer.

Instructions for coding this data item state to record the date the patient first had contact with the facility, either as an inpatient or outpatient, for diagnosis and/or first course treatment of a reportable tumor.

If a patient was diagnosed with cancer at your facility, the date of first contact will be the same as the date of diagnosis. For patients diagnosed at an outside facility, the date of first contact will be the date the patient was treated at your facility (date of surgery, date of chemotherapy, date of radiation therapy, etc.).

If the patient was diagnosed with cancer at your facility, the date of first contact ***will not*** be before the date of diagnosis.

Examples:

1. Jane Doe is admitted to your facility for biopsy of a breast mass on 5/15/16. Diagnosis from the pathology report of breast biopsy is ductal carcinoma. The date of first contact for this patient is 5/15/16 (date patient was ***first*** seen at your facility for diagnosis of cancer).

2. John Doe is referred to your facility for chemotherapy after diagnosis of pancreas cancer was established at an outside facility. The chemotherapy starts on 3/22/16. The date of first contact for this patient is 3/22/16 (date patient was ***first*** seen at your facility for treatment of cancer).

3. Betty Boop is admitted to your facility on 7/1/16 for flu-like symptoms. On 7/3/16, a lung biopsy is performed. Diagnosis from the pathology report of the lung biopsy is adenocarcinoma. Betty remains in the hospital and starts chemotherapy on 7/6/16. The date of first contact for this patient is 7/3/16 (the date the patient was ***first*** seen at your facility for diagnosis of cancer).

Questions about how to record "Date of First Contact" should be directed to your appointed OCCR consultant.

## AJCC 8th Edition Implementation Delay

*By Kaela Howell, RHIA*

Last month the AJCC made the announcement that the implementation of the AJCC 8th Edition Cancer Staging System will be postponed until January 1st of 2018. This conclusion was made with input from multiple standard setters including Surveillance, Epidemiology, and End Results (SEER), Centers for Disease Control and Prevention (CDC), College of American Pathologists (CAP), National Comprehensive Cancer Network (NCCN), National Cancer Database (NCDB) and the COC. The purpose of this delay is to make certain that adequate infrastructure has been established to ensure the success of the transition for all those involved in cancer staging. This means that cancer cases should continue to be staged using the 7th edition staging manual through December 31st, 2017 diagnoses dates. OCCR plans to provide the AJCC 8th Edition Manuals shortly before the 2018 staging transition; however, the new manuals are currently available online for purchase.

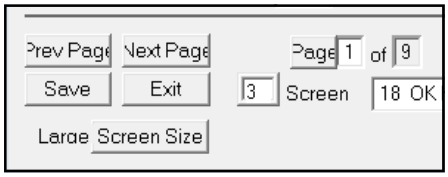
As a result of this decision, the North American Association of Central Cancer Registries (NAACCR) has also made an announcement that there is no need for registries to make adjustments to data layouts in 2017. The cancer surveillance community will not be releasing a Version 17 but will remain in Version 16 and then release Version 18. As with the AJCC implementation delay, the hope is that this extra time will allow for a successful transition to the new changes. Currently proposed modifications for 2017 will be deferred or addressed without changes to the NAACCR layout. A Version 18 description of upcoming changes and implementation is scheduled for release July 1, 2017. Implementation of version 18 will be on January 1st of 2018.

# Rocky Mountain Cancer Data System Users
# Changes to Abstract Screens for 2016

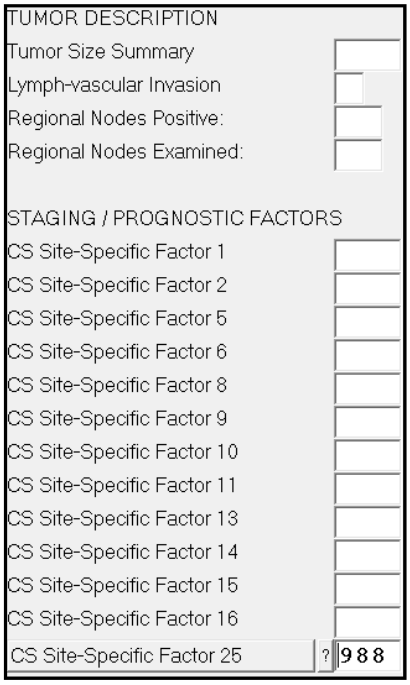
*By Jessica Taylor*

The Rocky Mountain Cancer Data Systems (RMCDS) screens have been updated to reflect changes being implemented for cases diagnosed in 2016 and onwards. After your database is converted to Version 16 you will notice a few modifications to the format. See below for details.

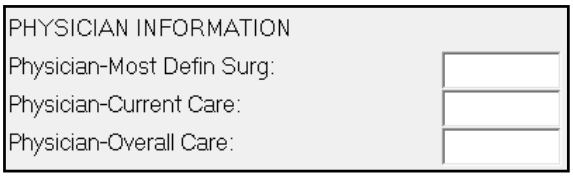
1. **The main screen and font are smaller. After you open an abstract there is an option to make it larger. Click on "Screen Size" and it will expand. Click "Screen Size" again to return to original size font.**




**New Screen:**




2. **Abstract reduced from 12 to 9 pages.**
3. **New Tumor Size Summary field which replaces CS Tumor Size**
4. **Several CS fields are NO longer required**:
   - CS Tumor Size
   - CS Extension
   - CS Tumor Size/Ext Eval
   - CS Lymph Nodes
   - CS Lymph Nodes Eval
   - CS Mets at Dx
   - CS Mets Eval
   - CS Mets at Dx (bone, brain, liver, lung)
   - CS Site-Specific Factor 3,4,7,12,17-24
5. **Physician information has been simplified**



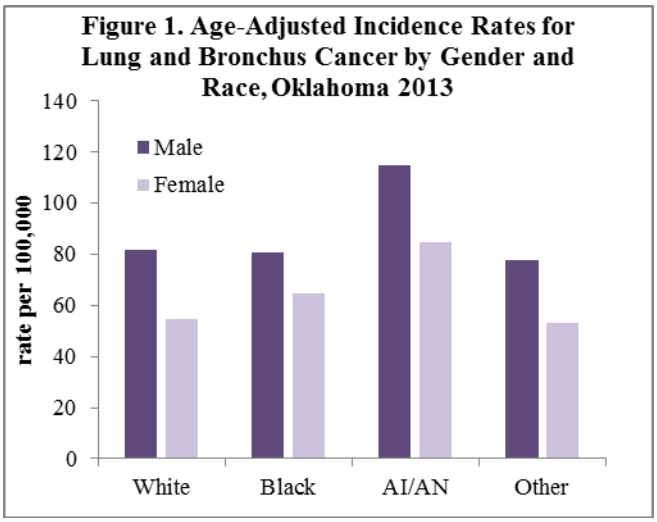

- Physician – **Most Def Surg**: Physician who performed most definitive surgery
- Physician – **Current Care**: Current physician overseeing patient care. Example: Oncologist
- Physician – **Overall Care**: Primary care physician name (PCP)

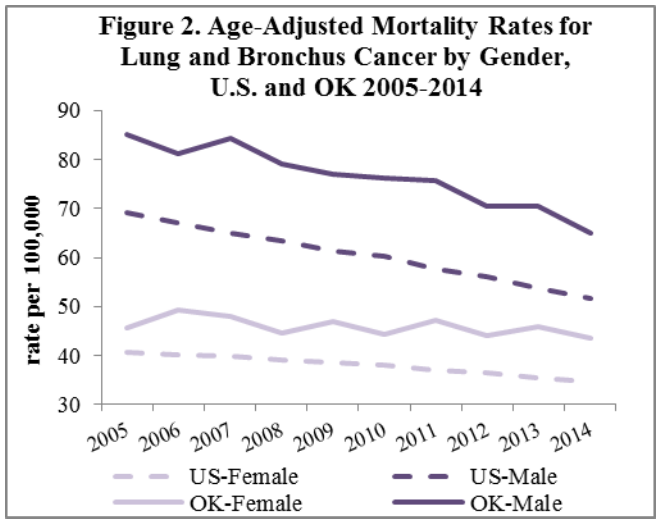
If you have any questions regarding these changes, or need to convert your database to Version 16, please contact Jessica at JessicaT@health.ok.gov or (405) 271-9444, ext. 55720.

# Oklahoma Uphill Fight on Lung Cancer Disparities and Cigarette Smoking

*By Raffaella Espinoza, MPH*

November is lung cancer awareness month, which gives us the opportunity to raise awareness on the lung cancer burden in the state of Oklahoma. In the U.S., lung and bronchus cancer is the leading cause of death and the second most common cancer among both men and women.[1] In 2013, the age-adjusted incidence rates for lung and bronchus cancer in Oklahoma was 83.8 per 100,000 for men, 57.1 per 100,000 for women, and highest among American Indian/Alaska Native (AI/AN) as seen in Figure 1.[2] In 2014, the lung and bronchus cancer mortality rate for Oklahoma was 52.8 per 100,000 while in the U.S. it was 41.8 per 100,000.[3] While the mortality rates for both men and women in Oklahoma have been declining over the period of 10 years, it remains higher than the U.S. (Figure 2). [3]




The biggest culprit among the risk factors for lung cancer would be cigarette smoking. Cigarette smoking is not only a risk factor for lung cancer, it can also cause cancer of the mouth and throat, esophagus, stomach, colon, rectum, liver, pancreas, larynx, trachea, bronchus, kidney and renal pelvis, urinary bladder, cervix, and causes acute myeloid leukemia.[4] In 2014, 21.1% of Oklahoma adults reported current use of cigarettes, while 18.1% of the U.S. adults reported current cigarette use.[5] However, for people who do quit smoking their risk for lung cancer does decrease versus those who do not quit.

For help to quit smoking, please visit the Oklahoma State Department of Health website: https://www.ok.gov/health/Wellness/Tobacco_Prevention/Resources/index.html.

References:

1. Division of Cancer Prevention and Control, Centers for Disease Control and Prevention. "*Lung Cancer*" 2016. Accessed on December 2, 2016 http://www.cdc.gov/cancer/lung/index.htm.
2. Oklahoma State Department of Health (OSDH), Disease, Prevention, & Preparedness Service, Chronic Disease Service, Oklahoma Central Cancer Registry (OCCR) on Oklahoma Statistics on Health Available for Everyone (OK2SHARE) released 2013. Accessed on December 2, 2016 http://www.health.ok.gov/ok2share.
3. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed on December 2, 2016 http://wonder.cdc.gov/ucd-icd10.
4. Division of Cancer Prevention and Control, Centers for Disease Control and Prevention. "*What Are the Risk Factors for Lung Cancer*" 2016. Accessed on December 3 2016 http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm.
5. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data 2015. Accessed on December 5, 2016] https://www.cdc.gov/brfss/brfssprevalence/.

# Tumor Size Summary

*By Christina Panicker, MBA, CTR*

One of the new data variables that will be required for cases diagnosed January 1, 2016 and onwards is **Tumor Size Summary**. **Tumor Size Summary** is a description of the most accurate measurement of a solid primary tumor, usually measured on the surgical resection specimen. Tumor size summary replaces the obsolete variable **Collaborative Stage (CS) Tumor Size**.

Here are a few guidelines to remember when recording Tumor Size Summary:

- All measurements are to be reported in **millimeters**. *For instance, if an imaging report states the mass is 5.4 cm, the tumor size is recorded as 054 (54mm).*
- Tumor size is the **diameter** of the tumor, not the depth or thickness.
- Code the size of the tumor **PRIOR** to administration of neoadjuvant therapy. If size is unknown, code **999.**
- Record the tumor size from the primary tumor; do **NOT** record the size from regional or distant metastasis.
- Use the tumor measurement found **BEFORE** treatment if no surgery is performed. This includes from the physical exam, imaging or other diagnostic procedures.
- For discrepancies between imaging and radiographic reports, use the largest size noted in the record.
- When surgery is performed and is considered the definitive treatment, record the size from the surgical resection specimen as given in the synoptic report, also known as College of American Pathology (CAP) protocol.
- If both in-situ and invasive components are present, record the measurement of the invasive component, even if it is smaller. If the size of the invasive component is not stated, record the size of the entire tumor.
- Registrars/reporters may **NOT** add pieces or chips together to create a whole record, as described in a pathology report. However, if a pathologist provides a composite or aggregate size, record that measurement.
- Tumor size is not applicable for the following primary sites: hematopoietic, Kaposi sarcoma, melanoma of choroid, ciliary body, and iris.

**NOTE:** *Web Plus Abstracting has not been upgraded to version 16, so Tumor Size Summary is not yet available in Web Plus. For Web Plus users, please continue to record tumor size in the CS Tumor Size field. For more details regarding how to code Tumor Size Summary, refer to Facility Oncology Registry Data Standards (FORDS) 2016 manual.*

# Update on Submitting 2016 Cases

*By Susan Nagelhout, CTR*

OCCR has requested facilities to not submit NAACCR version 16 files due to the delay of the Web Plus V.16 conversion. CDC, OSDH IT and OCCR are working diligently to update the outdated server so that the new Web Plus version can be functional.

The IT project will take time and, to avoid further delays and backlog for healthcare facilities, OCCR has decided to accept V.16 files. **OCCR will begin this process by contacting groups of facilities and requesting the submission files one-by-one to troubleshoot any issues that may arise.**

The standard of the files being completely error free is still in effect and the process will be as follows:

- After OCCR has contacted your facility, files can be uploaded to Web Plus as a non-NAACCR file. Write a brief description in the comments section about what the file contains. *Example: 2014-2015 diagnosed cases version 16.*
- OCCR will manually run each file through separate software (CDC GenEdits) to generate edit reports for facilities to ensure the file is error free.
- Facilities will either receive an email stating the files is error free or will receive a summary of the errors that need to be corrected.
- If there are errors, facilities will make the corrections and resubmit their files.

If non-RMCDS facilities are interested in expediting their data submission to OCCR, we highly recommend that these facilities add the "Central Incoming Abstract" metafile to their software. This will allow you to check errors on your end prior to submitting to OCCR. Please let us know if you are interested in this route.

We thank you for your understanding and patience as we work through the many changes this year has brought. If you have any questions, please feel free to contact me at SusanN@health.ok.gov or Kaela Howell at KaelaB@health.ok.gov.

## Virtual Pooled Registry Cancer Linkage System

*By Amber Sheikh, MPH*

This past year OCCR has volunteered to participate in an ongoing project funded by National Cancer Institute (NCI) and developed by NAACCR as the Virtual Pooled Registry Cancer Linkage System (VPR-CLS). This linkage mechanism will allow manageable, low cost cancer data linkage from cancer registries to conduct national epidemiological studies. There is no study yet that has successfully linked all states and the advent of VPR will tremendously enhance the value of cancer registries.

Through the VPR-CLS linkages, the initial process of managing multiple data requests and approvals from multi-state governing bodies and Internal Review Boards (IRB) will be streamlined through one data application and one file submission. The VPR-CLS linkage will allow each registry to conduct initial records linkage behind the registry firewalls to identify number of matches. Upon completion of matching phase, *the PHI release will be dependent by each state's policies*. This will greatly create efficiencies by reducing time, effort and cost for both the researchers and registry.

The initial phase of the VPR-CLS project included two pilot linkages to test the matching system behind the state firewalls to identify aggregate match numbers between registry data and research cohort data. The two cohorts included the Agency for Toxic Substances and Disease Registry (ATSDR) "Camp Lejeune Study" (46 registries; 16,160 matches) and the NCI "Cancer Risk in X-Ray Technologists Study" (43 registries; 22,000 matches). IRB approvals from Centers for Disease Control and Prevention (CDC), NCI and the Oklahoma State Department of Health (OSDH) IRB were established for these pilots.

## National Cancer Registrars Association Educational Opportunities

*By Susan Nagelhout, CTR*

The National Cancer Registrars Association (NCRA) has developed best practice audio and visual presentations that are intended to help with the abstracting process. These presentations were developed for new registrars, to help clarify the many aspects of abstracting. Experienced registrars may also use these presentations as a refresher. All of the presentations are short, most less than 10 minutes. The presentations are free and are available to both members and non-members of NCRA.

Visual presentations include:

- Ambiguous terminology
- Assigning AJCC TNM Stage: Blanks, X, Unknown and T0
- Follow-Up
- Casefinding
- Quality Control Plan
- Colorectal Anatomy and Staging
- Using the Manuals: Breast

Audio presentations (Podcasts) include:

- Best Practices – Text: Why Do We Do It? Who Needs It?
- Coding Best Practices: Process of Gathering and Entering Info
- Coding Best Practices: Organizing Abstract Resources

These educational opportunities can be accessed at the NCRA Education website.

http://www.cancerregistryeducation.org/best-practices.

## Facility Spotlight

*By Marva Dement, BBA, BS, CTR*

This quarter the OCCR staff would like to spotlight Saint Francis Hospital in Tulsa, Oklahoma. Since 1975, Saint Francis Hospital has been dedicated to the hematology and oncology needs of the community and surrounding area. The registry at Saint Francis Hospital has been Commission on Cancer (CoC) accredited since 1978. They have a total of 1,112 beds and the annual caseload for the most recent completed year was 2,154. In 2014, Saint Francis Hospital received the Outstanding Achievement Award from the Commission on Cancer.

***Saint Francis Hospital - Tulsa, OK***

There are ten medical oncologists at Saint Francis Hospital: Mathew Armstrong, MD, Vicki Baker, MD, John Eckenrode, MD, Joseph Lynch, MD, Muhammad Janjua, MD, Jihad Khattab, MD, Jennifer Trottman, MD, Martina Hum, MD, Ashraf Mohamed, MD and Gregory Kirkpatrick, MD. There are two radiation oncologists: Charles Stewart, MD, PhD and Stephen Sack, MD, PhD. Other staff members include Oncology Social Worker, Oncology Financial Counselor, breast nurse navigator, lung nurse navigator, GI and head and neck nurse navigator. Other services offered at Saint Francis Hospital are oncology patient and family advocacy group, blood and marrow transplant program, oncology genetics counselor and testing, pediatric oncology program, outpatient infusion and pastoral care services.

The Saint Francis Cancer Registry Staff includes: Danette Clark, RMA, BS, AAS, CTR, Manager, Cancer Data Services, Warren Clinic and Saint Francis South (2010); Carolyne Dale, CTR, Lead Tumor Registrar (1987); Jan Brimm, CTR, Tumor Registrar (2010); Kristen Burnett, Tumor Conference Coordinator (2010); Krista Pool, RHIA, CTR, Tumor Registrar (2012); Danillie Clark, RMA, AAS, CTR, Tumor Registrar, (2013); and Delores Greene, CTR, Quality Auditor Tumor Registrar (2015).

## New Certified Tumor Registrar in Oklahoma

*By Leslie Dill*

This summer, the Certified Tumor Registrar (CTR) exam was taken by candidates around the world. Of those that tested, 100 candidates passed the exam and formally became CTRs. Among those was OCCR's very own Pathology Lab Data Specialist, Judy Hanna!

Judy Hanna, HT (ASCP), CTR

Judy's career in pathology spans an impressive 35 years. As a certified histology technician for 15 years, she has processed a variety of tissue including that of human brain tissue for Alzheimer's research, animal tissue for numerous research projects and ocular tissue including whole eye globes for research and clinical diagnosis. Next, Judy became the Tissue Procurement Coordinator for the Oklahoma Eye Bank. She was there for 6 years and then moved on to nTouch Clinical Research where she was the research coordinator for diabetic studies. In August of 2004, Judy came to work for the Oklahoma State Department of Health, joining the OCCR team.

On a more personal side, Judy is Oklahoma born and raised, has been married for 26 years, and has a son who will be graduating from the University of Central Oklahoma this month.

OCCR is especially proud of Judy's achievement! Congratulations, Judy!

## The Benefits of Multiple Reporting to a Population Based Cancer Registry

*By Raffaella Espinoza, MPH*

One of the key features of a population based cancer registry, such as OCCR, is the reporting of one case from several sources. The Oklahoma state statute states that every cancer case in Oklahoma that has been either diagnosed or treated in a healthcare facility must be reported to OCCR. Therefore OCCR will receive reports from hospitals, physicians, laboratories, as well as death certificates. The several reports help facilitate the identification of as many as possible of the cases diagnosed among the residents of Oklahoma. The several sources of a cancer case are consolidated into a single record that includes different types of information. This type of information is not only vital for the surveillance of cancer burden in Oklahoma, but also for research conducted using the registry data.

The Cancer Epidemiology, the international journal of cancer epidemiology, detection and prevention, has published an article that reviewed population based prevalence and characteristics of patients seen by multiple institutions using data from a state mandated cancer registry in California.[1] The authors reviewed almost 60,000 invasive cancer cases diagnosed between 2010 and 2011 in northern California that had been reported to the registry within a year of diagnosis by 1) =1 institution within an integrated health system (IHS); 2) IHS institution(s) and =1 non-IHS institution (e.g., private hospital); 3) 1 non-IHS institution; or 4) =2 non-IHS institutions.

The population based data helped to show that one in six newly diagnosed cancer patients received care from multiple healthcare institutions and differed from patients seen only at one institution. Patients seen at multiple institutions tend to be younger or had more severe disease at diagnosis versus patients seen only at one healthcare institution. Another important finding was that cancer care data from a single healthcare institution may be incomplete and possibly biased.

The result of the article further validates the importance of multiple reporting to a population based cancer registry in order to ensure data completeness and accuracy.

Reference:

1. Clarke, C. A., S. L. Glaser, R. Leung, K. Davidson-Allen, S. L. Gomez, and T. H. Keegan. "Prevalence and Characteristics of Cancer Patients Receiving Care from Single vs. Multiple Institutions." *Cancer Epidemiology* 46 (2016): 27-33.

## Important Annual Conference Dates for Registrars in 2017

**National Cancer Registrars Association's 43rd Annual Educational Conference**

**MONUMENTAL EDUCATIONAL EXPERIENCES FOR CANCER REGISTRY PROFESSIONALS**

**April 5 - 8, 2017**

**Washington, D. C.**

**North American Association of Central Cancer Registries 2017 Annual Conference**

**BREAKING BARRIERS in CANCER SURVEILLANCE**

**June 17 - 22, 2017**

**Albuquerque, New Mexico**

# I Am Santa Claus

*By Ray Poulsen*

Dec 16, 2012 - 10:47 pm

*I wrote the following poem in 1986. At the time, my daughter was two years old and I was telling her about Santa Claus one day. My older brother (the one who can't wait for me to die) walked by and scowling said, "There's no such thing as Santa Claus." I told her that her uncle was just being grumpy, but a day or so later I wrote this poem. I hope that you enjoy it, I think that it's the best thing I've ever written. While I have copyrighted it, please share with others. Just leave the copyright in place.*

*Love, Hugs and Merry Christmas to all!*
*Ray/Doc*

*I Am Santa Claus*
*by Ray Poulsen*
*© 1986*

On Christmas Eve in 1917, I am a German soldier fighting in France
All day I've heard the sounds of battle, of guns and bombs and men dying
As night falls, there is a truce called and I hear voices in English
It is American soldiers, my enemy, whispering to each other; they're not far away
I listen to them, soldiers far from home, and I reach into my pack
Quickly I rise up and toss a bar of chocolate to them and say "Merry Christmas."
I am Santa Claus

I am sitting on a dock fishing, enjoying a summer day
Behind me is a loud splash and a scream, I turn to see a small boy has fallen in the water
His friends yell for help, they draw the attention of two men in a boat
They are too far to help him, so I dive into the water
He struggles and tries to fight, but I hold him up, while my clothing drags me down
The last thing I see in this life is the boy pulled to safety.
I am Santa Claus

I am the woman who hears the voice of God, promising a visit that day
Three times she receives strangers as guests and gives them food, clothing and comfort
And when she wonders why God never came she realizes the He did. Three times.
I am the child who shares from my lunch box with the child no one likes.
I am the doctor who works in poverty stricken places like Africa and Asia.
I am the firefighter or the ambulance driver who saves a life every day.
I am Santa Claus

I am the moment of true Love that exists within us all
The spark of Divine inspiration, the Hope of all Mankind
The toothless grin of an infant, the Light inside the Dark
A Gift to be freely given from the Heart, a treasure without price
The Spirit of the Season, that should last throughout the year.

*Poem submitted by Judy Hanna, HT(ASCP), CTR*

OKLAHOMA CENTRAL CANCER REGISTRY

Oklahoma State Department of Health
Creating a State of Health

Center for the Advancement of Wellness
1000 NE 10th Street, Room 1205
Oklahoma City, OK 73117-1299

Phone: 405-271-4072
Toll free: 888-669-5934
Fax: 405-271-6315

WE'RE ON THE WEB!
HTTP://OCCR.HEALTH.OK.GOV

## STAFF DIRECTORY

***Amber Sheikh, MPH, ext. 57111***

***Raffaella Espinoza, MPH, ext. 57103***

***Christina Panicker, MBA, CTR, ext. 57108***

***Jessica Taylor, ext. 55720***

***Judy Hanna, HT (ASCP), CTR, ext. 57148***

***Kaela Howell, RHIA, ext. 57138***

***Leslie Dill, ext. 57120***

***Marva Dement, BBA, BS, CTR, ext.57119***

***Susan Nagelhout, CTR, ext. 57006***

## 2017 NAACCR WEBINARS

Mark your calendars for the 2017 NAACCR Webinars that OCCR has purchased and will be providing FREE to all Oklahoma cancer reporters. Due to frequent changes in the location of the webinars, registration is required to attend. Please contact Susan Nagelhout at SusanN@health.ok.gov or 405-271-9444, extension 57006 to register.

| | |
|---|---|
| 1/12/17 | AJCC Staging |
| 2/02/17 | Collecting Cancer Data: Colon |
| 3/02/17 | Abstracting and Coding Boot Camp: Cancer Case Scenarios |
| 4/13/17 | Collecting Cancer Data: Lip and Oral Cavity |
| 5/04/17 | Multiple Primary and Histology Rules |
| 6/01/17 | Collecting Cancer Data: Liver and Bile Ducts |
| 7/13/17 | Hospital Cancer Registry Options – Topic TBD |
| 8/03/17 | Collecting Cancer Data: Central Nervous System |
| 9/07/17 | Coding Pitfalls |


We acknowledge the Centers for Disease Control and Prevention (CDC) and the National Program of Cancer Registries (NPCR) for it's support and distribution of this newsletter under cooperative agreement #U58/DP000083405 awarded to Oklahoma. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the CDC.

This publication is issued by the Oklahoma State Department of Health, as authorized by Terry Cline, PhD, Commissioner, Secretary of Health. Copies have not been printed but are available on the Oklahoma State Department of Health website at http://occr.health.ok.gov.