

# OCCR Quarterly

Oklahoma Central Cancer Registry

DECEMBER 2018



## Rocky Mountain Cancer Data System (RMCDs) Corner

### VERSION 2018 SOFTWARE CONVERSION

*By Christy Dabbs, AA, CTR*

RMCDs has recently released version 18 for hospitals. The Oklahoma Central Cancer Registry (OCCR) will be installing and testing this new version prior to releasing it to RMCDs users. If you are on the RMCDs hospital distribution list you may have received this communication with instructions via email. **Please DO NOT attempt to convert your RMCDs until instructed to do so by OCCR.** Here are a few things to keep in mind for v18.



- \* If you have not submitted all of your 2017 and prior cases to OCCR, you will not run the conversion until you have submitted all cases for 2017 and prior to the central registry.
- \* Once the conversion is installed, the customized screen set for version 16 will no longer be available. There will be a new customized screen set for version 18 data items and requirements. Screen 96 will be available for pre -2018 cases but will not be the OCCR customized screen set.
- \* If you are ready to abstract diagnosis year 2018 cases or have already begun abstracting in version 16, you will not run the conversion until OCCR instructs you to do so.
- \* Due to the upcoming holidays the anticipated release of 2018 RMCDs to users is January 07, 2019.
- \* Please stay tuned for future communication from OCCR on converting to version 2018.

**\*\*Reminder: It is highly recommended that you update your RMCDs software AT LEAST monthly to receive updates to the software as well as updates to changing edit metafiles\*\***

## Submission Schedule for Cases Diagnosed in 2018

*By Susan Nagelhout, CTR*

The Oklahoma Central Cancer Registry (OCCR) has amended the standard submission schedule due to Version 18 software delays. The OCCR realizes that the 2018 schedule is rather compressed, but it has been determined that a timetable must be maintained in order to comply with reporting requirements. Contact Susan Nagelhout for questions or concerns about the 2018 Submission Schedule.

CASES DIAGNOSED/ ADMITTED IN:	SHOULD BE REPORTED ON OR BEFORE:
January 2018	January 2019
February/March 2018	February 2019
April/May 2018	March 2019
June/July 2018	April 2019
August/September 2018	May 2019
October 2018	June 2019
November 2018	July 2019
December 2018	August 2019

## Web Plus for 2018 Update

*By Christy Dabbs, AA, CTR*

Web Plus for 2018 is now in the testing phase with the CDC. OCCR will not be able to accept any diagnosis year 2018 cases until Web Plus for 2018 is released to central registries, installed and tested.

- \* If you are a Web Plus Facility Abstractor you may continue to abstract your diagnosis year 2018 cases in the current version. The release abstract button remains disabled.
- \* If you are a Web Plus File Uploader and upload files with 2018 diagnosis year cases, you will continue to be notified of the 2018 cases that are rejected once the file is processed into the Central Registry database.
- \* Please stay tuned for future communication from OCCR on Web Plus for 2018.

# Registry Spotlight: Tulsa Spine & Specialty

By Christina Panicker, MBA, CTR

This quarter, OCCR is shining our spotlight on Tulsa Spine & Specialty Hospital. They are an acute care 37 bed hospital. Tulsa Spine is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and owned by physicians. Located in Tulsa, Oklahoma, they provide a wide variety of services that range from treatment of the spine, gyn/oncology to general surgery. There are roughly 75-100 physicians on staff at Tulsa Spine.

Lesa Meador is the sole cancer reporter for this facility, having worked there since 2010. She has 20 years of experience in trauma registry and has been in the medical field for the past 30 years, working for both St. Francis Hospital and St. John Medical Center.

When asked what challenges she faces, she stated that she is new to cancer registry. "There is so much information to learn and staging seems to be a challenge. I am trying to perform a balancing act between being the inpatient/outpatient coder and reporting cases for cancer registry. The new medical record system has made it difficult to do case finding. I have been networking with other sister hospitals to determine new avenues."

Lesa is a two-time cancer survivor, once with cervical and then facing ovarian cancer. While recovering from multiple surgeries, she wanted to keep her brain sharp. After treatment for her ovarian cancer, she decided to attend school. She chose to learn the process of medical records and obtained her associates in Health Information Technology from Tulsa Community College.

She learned perseverance from her father. He taught her that attitude is 90% of the recovery. He had been diagnosed with laryngeal cancer. According to the physician's notes, the cancer was so severe the outcome of the surgery did not look good. There was a high risk that he would not survive the surgery. He ended up having a tracheostomy. He started using a voice box and then started speaking by placing his fingers over his stoma. Afterwards he survived 12 years. He has been one of her inspirations that kept her moving forward when dealing with her own cancer and the struggles that she faced.

In her spare time, she reads, gardens and spends time with her granddaughter. "This time of year I look forward to the Christmas parties, dirty Santa, potluck dinners and all the festive traditions that are celebrated."

Lesa has done a great job in keeping the reporting for Tulsa Spine & Specialty on track.



Lesa Meador, CCA



***OCCR appreciates your  
hard work, Lesa!***

## New CTRs

By Leslie Dill

Oklahoma has two new CTRs! Recently receiving their credentials are Judy Ward-Brown and Melissa Meyer.

A Bahamian, Judy attended the College of the Bahamas and the University of Miami, graduating with a degree in Medical Technology and Cytotechnology. She has been working at the Oklahoma Cancer Specialist & Research Institute (OCSRI) since March of 2015. Judy volunteered as the President of Bahamas Cancer Society for approximately 12 years and was instrumental in setting up a hospital-based registry in her native country.

On a personal note, Judy lives with her husband, Pastor Vanzelen G. Brown in Tulsa. Together, they have three adult children.

When asked to give advice to others planning to sit for the CTR exam, Judy said, "Know the CoC standards and for the open book section, tab only chapters of the AJCC Manual for the top 5 common cancers."



Judy Ward - Brown, CT ASCP, CMIAC, CPC, CTR



Melissa Meyer, CTR, RHIT

A resident of Tulsa since 2012, Melissa is originally from Ohio where she graduated with an Associates of Science in Health Information Technology from Bowling Green State University. While working at Cancer Treatment Centers of America, Melissa also completed an online program to earn a Certificate in Cancer Information Management from Scott Community College in Iowa.

By day, Melissa works in the cancer registry at St. John Medical Center where she has been for 16 months. Her evenings are spent working for Brain Balance, an achievement center for kids in Tulsa, and playing with her dog, Bentley.

Her advice to others preparing to sit for the CTR exam is, "Stay positive and study hard, even if you don't want to!"

***Congratulations, Ladies,  
on a job well done!***



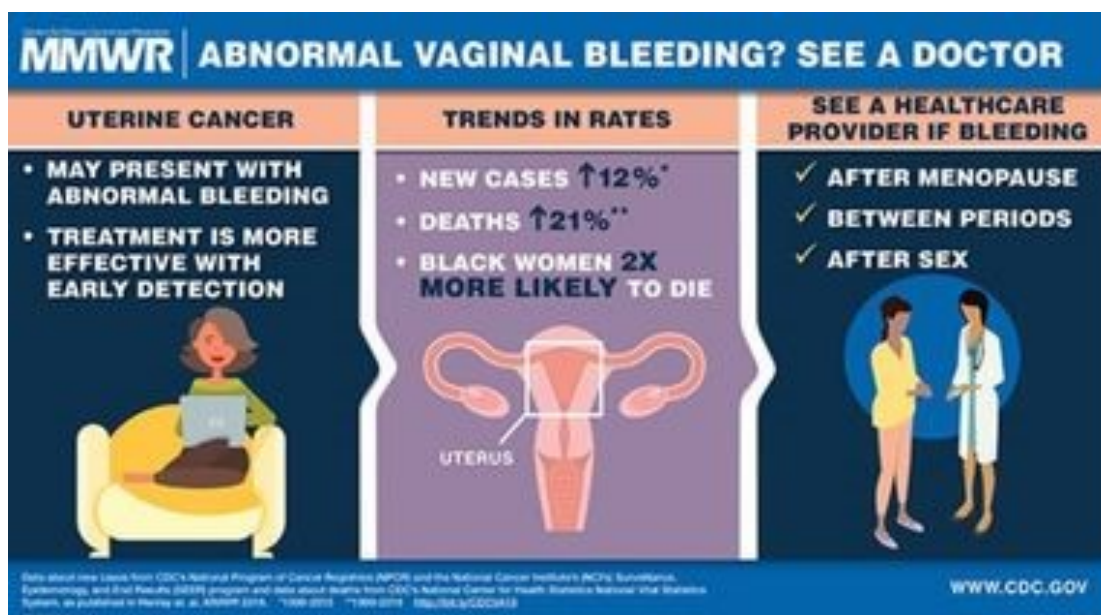
# Uterine Cancer - Cancer Registrars Work Informs Public Health

By Amber Sheikh, MPH

A recent CDC study published in Morbidity and Mortality Weekly Report (MMWR) highlights increasing rates of new cancer cases and deaths due to uterine cancer in United States. During 1999-2015, uterine cancer incidence increased 12% (0.7% per year) while during 1999-2016, death rate by uterine cancer increased 21% (1.1% per year). Incidence of uterine cancer was higher among black women and white women than other racial/ethnic groups. Black women experienced higher uterine cancer death rates than white women<sup>1</sup>.

Health care providers and public health programs can promote early detection and treatment by increasing awareness for uterine cancer (see infographic)<sup>2</sup>. Encouraging healthy weight and physical activity among women can reduce risk for endometrial cancer, the most common uterine cancer.

For more statistics regarding uterine cancer visit: [https://www.cdc.gov/mmwr/volumes/67/wr/mm6748a1.htm?s\\_cid=mm6748a1\\_e](https://www.cdc.gov/mmwr/volumes/67/wr/mm6748a1.htm?s_cid=mm6748a1_e)



1. Henley SJ, Miller JW, Dowling NF, Benard VB, Richardson LC. Uterine Cancer Incidence and Mortality — United States, 1999–2016. MMWR Morb Mortal Wkly Rep 2018;67:1333–1338.

2. New CDC Study Shows Increases in Uterine Cancer. Cancer Prevention Works. Retrieved on 12/18/2018 from <https://content.govdelivery.com/accounts/USCDC/bulletins/22150e6>

# NAACCR Cancer Registry and Surveillance Webinar Series

By Leslie Dill

Looking ahead to 2019, mark your calendars for the FREE Cancer Registry and Surveillance Webinar Series presented by NAACCR and purchased for you by the OCCR. Each three-hour webinar will review how changes to histology coding, solid tumor rules, AJCC 8th Edition, EOD, Summary Stage 2018, and radiation coding impact specific sites.

January through March, the webinars will be hosted by INTEGRIS Southwest Medical Center in Oklahoma City. April through September, webinars will be hosted by INTEGRIS Cancer Institute.

In Tulsa, all webinars through September 2019 will be hosted by Cancer Treatment Centers of America. As always, OCCR appreciates our gracious webinar hosts.

Space is often limited, so please register in advance by emailing Susan Nagelhout, [SusanN@health.ok.gov](mailto:SusanN@health.ok.gov).

- 1/10/19 Collecting Cancer Data: Testis
- 2/7/19 Collecting Cancer Data: Colon
- 3/7/19 Boot Camp
- 4/4/19 Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
- 5/2/19 Collecting Cancer Data: Neuroendocrine Tumors
- 6/6/19 Collecting Cancer Data: Ovary
- 7/11/19 Hospital Cancer Registry Operations – Topic TBD
- 8/1/19 Solid Tumor Rules
- 9/5/19 Coding Pitfalls



## 2019 Educational Opportunities



May 19 - 22, 2019, NCRA will present the 45th Annual Educational Conference in Denver, Colorado. Visit <http://www.ncra-usa.org/conference> for more information.

NAACCR and the International Association of Cancer Registries (IACR) have teamed up for a combined conference June 8 - 13, 2019, in Vancouver British Columbia, Canada. For more information go to <https://www.naacrr.org/naacrr-iacr2019/>.



# Online State Data Resources

*By Kaela Howell, RHIA*

For years, the Oklahoma Central Cancer Registry has made its data available through an OSDH query system known as [OK2SHARE](#). This system allows users to query public health datasets directly without going through the request process. Two additional resources for Oklahoma data are the Oklahoma State of the State's Health Report and The City Health Dashboard.

The purpose of the State of the State's Health Report is to provide readers with information regarding the health status of Oklahoma residents. The report presents data on overall deaths, infant deaths, and leading causes of death; rates of some chronic diseases; and rates of several health behaviors and risk factors for chronic diseases. Grades are assigned to data for each demographic and geographic group to enable readers to view patterns that occur for each indicator. Differences between groups are not statistically tested, and assumptions regarding statistically significant differences should not be made.

<https://stateofstateshealth.ok.gov>

The City Health Dashboard (CHDB) launched in early 2017 with 26 measures for four pilot cities: Flint, Michigan, Kansas City, Kansas, Providence, Rhode Island, and Waco, Texas. With support from the Robert Wood Johnson Foundation, the City Health Dashboard has expanded to offer data on 37 measures for the 500 largest U.S. cities - those with populations of about 66,000 or more – representing approximately one-third of the U.S. population. Equipped with these data, local leaders have a clearer picture of the challenges facing their communities and how to address them.

[www.cityhealthdashboard.com](http://www.cityhealthdashboard.com)

State of states health: Website is property of OSDH.

Copyright Info Documentation for city health dashboard:

"All content on the CHDB website, including but not limited to designs, text, graphics, pictures, video, information, applications, software, music, sound and other files, and their selection and arrangement (together, the "Content"), is the property of New York University School of Medicine (NYUSoM) and NYU Langone Health or its licensors with all rights reserved. You are authorized to view, play, print, and download Content found on the website for personal, informational, or noncommercial purposes only, provided that you keep all copyright or other proprietary notices intact. The website Content is protected by laws pertaining to intellectual property rights, and as such, may not be copied or otherwise used for commercial use without NYUSoM's and CHDB's express prior written consent."

<https://www.cityhealthdashboard.com/terms-of-use>

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# Scientists Develop 10-Minute Universal Cancer Test

Article submitted by Judy Hanna, HT (ASCP), CTR

Article written by Ian Sample

Scientists have developed a universal cancer test that can detect traces of the disease in a patient's bloodstream. The cheap and simple test uses a colour-changing fluid to reveal the presence of malignant cells anywhere in the body and provides results in less than 10 minutes. While the test is still in development, it draws on a radical new approach to cancer detection that could make routine screening for the disease a simple procedure for doctors.

"A major advantage of this technique is that it is very cheap and extremely simple to do, so it could be adopted in the clinic quite easily," said Laura Carrascosa, a researcher at the University of Queensland.

The test has a sensitivity of about 90%, meaning it would detect about 90 in 100 cases of cancer. It would serve as an initial check for cancer, with doctors following up positive results with more focused investigations.

"Our technique could be a screening tool to inform clinicians that a patient may have a cancer, but they would require subsequent tests with other techniques to identify the cancer type and stage," Carrascosa said.

The test was made possible by the Queensland team's discovery that cancer DNA and normal DNA stick to metal surfaces in markedly different ways. This allowed them to develop a test that distinguishes between healthy cells and cancerous ones, even from the tiny traces of DNA that find their way into the bloodstream.

Healthy cells ensure they function properly by patterning their DNA with molecules called methyl groups. These work like volume controls, silencing genes that are not needed and turning up others that are. In cancer cells, this patterning is hijacked so that only genes that help the cancer grow are switched on. While the DNA inside normal cells has methyl groups dotted all over it, the DNA inside cancer cells is largely bare, with methyl groups found only in small clusters at specific locations.

Writing in the journal *Nature Communications*, the Queensland team described a series of tests that confirmed the telltale pattern of methyl groups in breast, prostate and colorectal cancer as well as lymphoma. They then showed that the patterns had a dramatic impact on the DNA's chemistry, making normal and cancer DNA behave very differently in water. "This is a huge discovery that no one has grasped before," said Carrascosa.

After a series of experiments, the scientists hit on the new test for cancer. The suspect DNA is added to water containing tiny gold nanoparticles. Though made of gold, the particles turn the water pink. If DNA from cancer cells is then added, it sticks to the nanoparticles in such a way that the water retains its original colour. But if DNA from

healthy cells is added, the DNA binds to the particles differently, and turns the water blue. "The test is sensitive enough to detect very low levels of cancer DNA in the sample," Carrascosa said.

Led by Matt Trau, a professor of chemistry at the University of Queensland, the researchers have run the test on 200 human cancer samples and healthy DNA. "We certainly don't know yet whether it's the holy grail for all cancer diagnostics, but it looks really interesting as an incredibly simple universal marker for cancer, and as an accessible and inexpensive technology that doesn't require complicated lab-based equipment like DNA sequencing," Trau said.

The scientists are now working towards clinical trials with patients that have a broader range of cancer types than they have tested so far.

To test for cancer today, doctors must collect a tissue biopsy from a patient's suspected tumour. The procedure is invasive and relies on the patient noticing a lump, or reporting symptoms that their GP recognises as a potential sign of cancer. A less invasive test that has the potential to spot cancer earlier could transform how patients are screened for the disease.

The DNA in cancer cells can be riddled with mutations that drive the growth of a specific tumour, but these mutations tend to differ depending on the type of cancer. A universal cancer test would not be precise enough to pinpoint the location or size of a tumour, but would give doctors a swift answer to the question: does this patient have cancer?

Tests in the lab showed that the scientists could distinguish normal DNA from cancer DNA by looking for a colour change in the gold particle solution that was visible to the naked eye within a few minutes.

"This test could be done in combination with other simple tests, and become a powerful diagnostic tool that could not just say that you have cancer, but also the type and stage," said Carrascosa.

Ged Brady, of the Cancer Research UK Manchester Institute, said: "This approach represents an exciting step forward in detecting tumour DNA in blood samples and opens up the possibility of a generalised blood-based test to detect cancer. Further clinical studies are required to evaluate the full clinic potential of the method."

Sample, Ian. "Scientists develop 10-minute universal cancer test." *Cancer Research*. The Guardian, December 4<sup>th</sup> 2018.



# CTR Exam Reflects Changes of Updates in 2018

*By Christina Panicker, MBA, CTR*

Constant change is what keeps cancer registrars on their toes! Due to the numerous changes in abstracting guidelines for 2018 diagnosed cases, registrars are trying to maintain a balance of learning while abstracting.

The Certified Tumor Registrars (CTR) exam for 2019 has been updated to include all of the new guidelines for 2018. The exam will continue to have two sections – an open book section and a closed book section. Candidates are allowed four hours to complete both sections of the exam.

References for the open book portion of the exam will include:

- \* AJCC Cancer Staging Manual 8<sup>th</sup> Edition (3<sup>rd</sup> printing)
- \* Standards for Oncology Registry Entry (STORE) Manual, Appendix B: Site Specific Surgery Codes
- \* 2018 Solid Tumor Rules
- \* Summary Stage 2018: Codes and Coding Instructions
- \* International Classification of Disease for Oncology, 3<sup>rd</sup> Edition (ICD-O-3)

## 2019 CTR Exam Dates

March 1 - March 23

Application deadline: January 31, 2019

June 21 - July 13

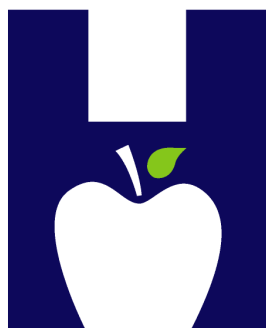
Application deadline: May 31, 2019

October 11 - November 2

Application deadline: September 13, 2019

A decorative graphic featuring several stylized snowflakes in light gray, scattered around the central text. The snowflakes vary in size and are positioned in the background, creating a festive winter theme.

*Happy Holidays from  
the Oklahoma Central  
Cancer Registry*



# Oklahoma State Department of Health

## Creating a State of Health

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The OCCR will be out of the office on the following dates:

January 1, 2019

January 21, 2019

February 18, 2019

Funding is provided by the Centers for Disease Control and Prevention (CDC) and the National Program of Cancer Registries, grant #1 NU58DP006285-01-00, Center for Health Statistics, Oklahoma State Department of Health (OSDH).

This publication was issued by the Oklahoma State Department of Health (OSDH), an equal opportunity employer and provider. A Digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Copies have not been printed but are available for download at [www.health.ok.gov](http://www.health.ok.gov). December 2018

### OKLAHOMA CENTRAL CANCER REGISTRY

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