Oklahoma Central Cancer Registry

March 2019

OCCR Quarterly

ROCKY MOUNTAIN CANCER DATA SYSTEM (RMCDS) CORNER

By Christy Dabbs, AA, CTR

RMCDS Version 18 Conversion Update

RMCDS has released version 18 for hospitals. The Oklahoma Central Cancer Registry (OCCR) has installed and tested this new version and it has been released to RMCDS users. Here are a few things to keep in mind for version 18.

- 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 set 18 for RMCDS version 18 was released on 03/04/2019. This will need to be added to RMCDS after the conversion is completed. If you did not receive the email please let me know. Screen set 96 is available for pre-2018 cases but will not be the OCCR customized screen set.
- On 02/15/19 RMCDS released a list of updates that have been made to the software since the initial release. **If you have converted and are on NAACCR v.18, please run a software update. The most current software version date is 03/07/2019 as of the printing of this newsletter. We recommend that you continue running software updates weekly until further notice.**
- If you have completed the conversion to version 18, please make sure that you have notified the Data Manager at OCCR: Christy Dabbs, christyd@health.ok.gov or 405-517-9444 x57121.

New Service Offered by OCCR for RMCDS Users

OCCR is now using Skype for Business to schedule online meetings for RMCDS technical support when needed. This allows a more interactive approach for solving technical issues through screen sharing technology. We are pleased to offer this new service to our RMCDS users. If you have questions concerning RMCDS you may contact the Data Manager, Christy Dabbs at christyd@health.ok.gov or 405-517-9444 x57121.

Inside this issue

WEB PLUS VERSION 18 UPDATE

By Christy Dabbs, AA, CTR

OCCR is currently updating Web Plus to Version 18. We will not be able to accept any cases with a diagnosis year of 2018 or 2019 until Web Plus v18 is tested and released to users. **Please refer to the email sent 02/15/19.**

When Web Plus is ready for use, OCCR will send an email to notify you. File uploaders should be able to upload files by the time this newsletter is distributed. Facility abstractors should not be far behind however, there are additional updates and testing involved for facility abstractors and approval to abstract cases may be delayed depending on the outcome of the testing.

Please stay tuned for future communication through email from OCCR for Web Plus version 18.

NATIONAL INSTITUTE OF HEALTH (NIH) UPDATED DRUG LIST

By Judy Hanna, HT (ASCP), CTR

The NIH, National Cancer Institute list of approved cancer drugs for 2019 was updated on December 17, 2018.

Drugs Approved for Different Types of Cancer

Drugs approved by the FDA for specific types of cancer are listed on this page. The drug names link to NCI's information summaries about these drugs. The pages are updated when new cancer drugs are approved.
https://www.cancer.gov/about-cancer/treatment/drugs/cancer-type

Drugs Approved for Conditions Related to Cancer

People with cancer may have other conditions caused by the cancer or its treatment. Drugs approved by the FDA for some of these cancer-related conditions are listed on this page. The drug names link to NCI's Cancer Drug Information summaries that provide information about these drugs. There may be other drugs used in these conditions that are not listed here.
https://www.cancer.gov/about-cancer/treatment/drugs/related-conditions

Cancer Types

https://www.cancer.gov/types

SAVE THE DATE

October 24-25, 2019

OCRA Annual Educational Conference

Watch for details on www.ocra-ok.org.

OCCR ADVISORY COMMITTEE SPOTLIGHT: DR. ELDON JUPE

By Christina Panicker, MBA, CTR

Eldon R. Jupe, Ph.D.

For his entire life, Dr. Eldon Jupe has been interested in understanding how things work. "There is nothing more fascinating, complex and elegant than life itself. Biochemistry and genetics provide us a small glimpse into the mechanisms of life."

Dr. Jupe is certified by the American Board of Bioanalysis (ABB) as a High-Complexity Clinical Laboratory Director (HCLD) and as a Clinical Consultant in Molecular Diagnostics. He graduated with honors from Texas A&M University in 1981 with a BS in Biochemistry and in 1984 with an MS in Genetics. In 1988, he completed his doctoral studies in Biochemistry at Louisiana State University. An Individual National Research Service Award (Postdoctoral Fellowship Grant) from the National Institute of Health (NIH) funded his postdoctoral studies at the University of Cincinnati College of Medicine.

With over 30 years of experience in the fields of biochemistry, human genetics and toxicology, Dr. Jupe started his independent scientific career at the Oklahoma Medical Research Foundation, studying mechanisms of tumor suppression in human cancers and how individual human genetic variation influences response to drugs, hormones and toxins. In 1999, he co-founded InterGenetics Incorporated and during the next 14 years served in multiple senior executive roles, including Vice President of Research, Vice President, CSO and COO. In 2013, he founded Optimized Targeted Medicine Clinical Consulting to apply his experience in biotechnology business development and clinical laboratory operations to high complexity clinical testing to assist other entrepreneurs in starting and expanding diagnostic laboratories.

Most of his research has focused on understanding how genetics influences the mechanisms of cancer development. Early in his career, his research group was one of the first to discover and demonstrate that a non-coding RNA from the 3'untranslated region (3'UTR) of a gene could function as a tumor suppressor in human cancers. A pivotal discovery from that work was that mutations and even a single nucleotide polymorphism predicted to disrupt the structure of the RNA rendered the molecule inactive. The group's characterization of the risk associated with carrying this inactive polymorphism led to the expansion of Dr. Jupe's research into determining risk associations with breast cancer in estrogen metabolic and DNA repair pathways. After spinning out a biotechnology company from the Oklahoma Medical Research Foundation, they developed and commercialized a proprietary polyfactorial risk model (PFRM) for breast cancer risk assessment.

Throughout his career, Dr. Jupe has been an invited speaker at more than a dozen national/international meetings including the American Society of Clinical Oncology and American Association for Cancer Research. He has also served on the American Board of Bioanalysis Examination Committee for developing Board Certification Exams for Molecular Diagnostics and on grant review committees for NIH, NSF, the Susan B. Komen Foundation and the California Breast Cancer Research Program.

Currently Dr. Jupe works on establishing a CAP/CLIA laboratory at an Oklahoma start-up biotechnology company – Progentec Diagnostics, Inc. In addition to the clinical lab operations, he is the Principal Investigator on a competitively funded research grant to do clinical research on a new laboratory test for lupus flare prediction. This represents a change in focus for his research interests from cancer diagnostics and toxicology to autoimmune disease diagnostics.

OCCR acknowledges Dr. Jupe's various achievements and strides in research and appreciate his service on the OCCR Advisory Committee.

FACILITY SPOTLIGHT

This quarter our facility spotlight is on OU Medicine in Oklahoma City. Director Nancy Etzold, CTR, shared with us about OUMC's cancer registry and changes they have seen.

ONE THING WE CAN COUNT ON IS CHANGE!

By Nancy Etzold, CTR

"The first step toward change is acceptance. Once you accept yourself, you open the door to change." ~ Will Garcia

OU Medicine's Cancer Program has grown substantially since initial Commission on Cancer accreditation in 1977. On February 1, 2018, OU Medicine transferred ownership and management of OU Medical System hospital facilities from HCA to OU Medicine, Inc. Formation of a non-profit entity fulfilled a longtime goal to further advance OU's academic health system, elevating patient care, clinical research, and the education of health professionals. The facility's name and ownership may have changed, however commitment to exceptional oncology care remains a priority.

As with so many other facilities, OU experienced challenges recruiting, training, and maintaining registry staff. Internal positions remained unfilled, so contract registry services provided abstracting and cancer committee support. After 10 years of employment, my position was eliminated and I was out of work. I learned OU Medical Center was recruiting a cancer registry manager and applied. After the interview, we knew we could build something special. Call it fate, synchronicity or luck, a new chapter was about to begin!

The team from my previous facility would consider working for OU, if the circumstances were right. Administration and Human Resources did an amazing job revising job descriptions and updated pay grades. The biggest enticement was to work remotely.

Two years later, the registry is fully staffed. The team consists of a director, three registry coordinators, four full-time abstractors, and two PRN abstractors. Weekly WebEx meetings ensure expectations and goals. Registrars take turns leading these meetings which encourages shared responsibility and variety. Education and cross-training supports cooperation and support. The team has created abstracting templates that identify where to find the information in the medical record, specific requirements for text, and user defined fields. This effort has improved data quality and credibility. Requests for data have tripled.

The registry database has been consolidated to include OU Medicine, The Children's Hospital, OU Physicians, Stephenson Cancer Center, and the Breast Health Network. To accurately track resource utilization and outcomes, the registry began collecting analytic and non-analytic cases January 1, 2018. The registry team is also responsible for the Society of Thoracic Surgeons' General Thoracic Surgery Registry. The Surgical Clinical Reviewer for National Quality Improvement Program (NSQIP) also reports to the Director of Cancer Registry.

We're excited to see what new opportunities come our way. It is so very true, when one door closes, another one always opens.

Laney Bomberger

Noreen Brown, Barbara Denton, Linda Rang, Leena Verghese, & Carrie Lopez

Moriah Polanco

Nancy Etzold

Ambir Bird

Dotty Loughran

INSTRUCTIONS FOR CODING NEW 2018 DATA ITEMS

By Susan Nagelhout, CTR

New data items were introduced for cases diagnosed January 1, 2018 and forward. Below is a table of the new data items required by the OCCR. Each data item in the table includes general coding instructions.

2018 Data Item	Description
Grade Clinical	Grade of solid primary tumor before any treatment. Clinical Grade **must** not be blank.
Grade Pathological	Grade of solid primary tumor that has been resected and for which no neoadjuvant therapy was administered. Pathologic grade **must** not be blank.
Grade Post Therapy	Grade of solid primary tumor that has been resected following neoadjuvant therapy. Leave post therapy grade blank if patient received no neoadjuvant therapy.
Surveillance, Epidemiology, and End Results (SEER) Summary Stage 2018	Combination of the most precise clinical and pathological documentation of the extent of disease.
Phase I Treatment Modality	Identifies the radiation modality administered during the first phase of radiation (photons, protons, electrons, etc.)
Site Specific Data Items (SSDI)	
1. **Microsatellite Instability (MSI**) - Colon and Rectum primary site	a. MSI is a genetic test performed on tumor tissue to look for differences in length of certain non-functioning sections of DNA. b. Code MSI results as documented in the pathology report or from a physician statement.
2. **Estrogen Receptor (ER) Summary** – Breast primary site	a. ER positivity is a favorable prognostic factor in breast cancer. b. Record the summary of results of ER assay as documented in the pathology report, or from a physician statement.
3. **Progesterone Receptor (PR) Summary** – Breast primary site	a. PR positivity is a favorable prognostic factor in breast cancer. b. Record the summary of results of PR assay as documented in the pathology report, or from a physician statement.
4. **HER2 Overall Summary** – Breast primary site	a. Human epidermal growth factor receptor 2 (HER2) overexpresses in 15-20% of breast carcinomas. b. Record summary of results from HER2 testing as documented in the pathology report, or from a physician statement.
5. **Prostatic Specific Antigen (PSA) Lab Value** – Prostate primary site	a. PSA is a protein produced by cells of the prostate gland and is elevated in patients with prostate cancer. b. Record the last pre-diagnosis PSA lab value prior to diagnostic biopsy, as documented in the clinical laboratory report, or from a physician statement.
6. **Breslow Tumor Thickness** - Melanoma of Skin primary site	a. The measurement of the thickness of a melanoma; measure of how deeply melanoma has grown into the skin. b. Record Breslow thickness as documented in the pathology report, or from a physician statement. Record thickness in tenths of millimeters.
7. **LDH Pretreatment Lab Value** - Melanoma of Skin primary site	a. Lactate dehydrogenase (LDH) is released into the blood stream when cells are damaged or destroyed. b. Record the LDH lab value as documented in the clinical laboratory report, or from a physician statement.
8. **Fibrosis Score** - Liver and Intrahepatic Bile Ducts primary site	a. The degree of fibrosis of the liver based on pathological examination. b. Record the fibrosis score as documented in the pathology report, or from a physician statement.
9. **Brain Molecular Markers** – Brain and Other Central Nervous System primary site	a. Multiple brain molecular markers have become standard pathology components necessary for diagnosis b. Record molecular markers as documented in the pathology report, or from a physician statement. c. Applicable for primary sites C70.0 – C72.9 and C75.1 – C75.3 d. Applicable ONLY for histology codes 9400/3, 9401/3, 9440/3, 9450/3, 9452/3, 9471/3, 9478/3

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INSTRUCTIONS FOR CODING NEW 2018 DATA ITEMS

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For additional coding instructions of *Grade Data Items* and *Site Specific Data Items*, download the SSDI Manual from the North American Association of Central Cancer Registries (NAACCR) website: https://apps.naaccr.org/ssdi/list/

For additional coding instructions of *Phase I Treatment Modality*, download the Standards for Oncology Registry Entry (STORE) Manual from the Commission on Cancer (CoC) website: https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals.

For additional coding instructions of SEER Summary Stage 2018, download the Summary Stage 2018 Manual from the SEER website: https://seer.cancer.gov/tools/ssm.

NCRA'S MINI-LEARNING SHORTS

By Christy Dabbs, AA, CTR

The National Cancer Registrars Association's (NCRA) Center for Cancer Registry Education offers Mini-Learning Shorts. Each video short is thirty minutes or less with the majority of shorts being fifteen minutes or less. Two new topics were recently added. SSDI General Overview provides a thorough review of the SSDI general rules and how to correctly assign an SSDI schema. Numbers in the SAR is directed at CoC accredited hospitals. This short discusses tips and techniques for SAR, survey application record and preparation. There are several other topics of interest as well. All of these shorts are free of charge and you are not required to have an NCRA account to view them. http://www.cancerregistryeducation.org/best-practices

NAACCR WEBINAR SERIES: CHANGE IN HOST LOCATION

By Leslie Dill

Beginning in April, the NAACCR webinars in Oklahoma City will be hosted by INTEGRIS Cancer Institute, 5911 W. Memorial Rd, Oklahoma City, in Conference Room B. Cancer Treatment Centers of America will continue hosting in Tulsa. You may attend the webinar on the LIVE dates below or choose to receive a link to the webinar recording when it becomes available. To register for the LIVE webinar in Oklahoma City or receive a link to the RECORDING, please register at LeslieD@health.ok.gov. To attend in Tulsa, email Shelly Ware at Shelly.Ware@ctca-hope.com.

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

RESOURCES FOR CODING CORRECT COUNTY OF ADDRESS

By Kaela Howell, RHIA

County of residence at diagnosis is an important field to be coded accurately within each abstract. This data item can be used in research such as identifying incidence or an area which may be more at risk for certain types of cancers. Edits run at the central registry will show when the field is coded incorrectly; however, correction can be time consuming and may occur closer to submission, when time is limited. Registrars are often very familiar with the area many of their facility's patients live in but there are times of uncertainty. To aid in finding the correct county for a patients residence, here are a few helpful online resources available.

Melissa© is a useful resource which may be used to check the county of a complete address. Searches may be conducted individually or in batches of 500 or less.

https://www.melissa.com/v2/lookups/addresscheck/address

https://www.melissa.com/v2/lookups/batchaddresscheck/address

Getzips.com is a quick resource which checks the county within a zip code area.

https://www.getzips.com/zip.htm

IS YOUR FACILITY PATH LAB REPORTING TO OCCR?

By Judy Hanna, HT (ASCP), CTR

The majority of the path labs in Oklahoma are currently reporting directly to Oklahoma Central Cancer Registry (OCCR). There are a few remaining path labs that need to begin reporting as soon as possible in order to be compliant with the state and federal laws. The path labs are responsible for reporting all malignant cases brought into the laboratory for processing from outside facilities. These types of outside specimens are reported by path labs only because they are not considered part of the hospital records and should not be reported as part of the hospital's reporting case load. It is extremely important that all path labs are reporting directly to OCCR to avoid missed cases. If the facility has determined the hospital registrar will report for the path lab, the outside specimen cases must be reported separately using the pathology lab facility ID number assigned by OCCR and coded as a Class of Case code 43 with a Reporting Source 3 for path lab only cases. Pathology labs will be considered compliant only if OCCR has the ability to track the submitted cases using the appropriate facility ID number and coding.

OCCR has a dedicated person to assist the pathology labs and process path lab cancer data. It is easy for a pathology lab to become established in reporting to OCCR. I will work with each path lab to establish the most appropriate electronic method of reporting based on each labs capability. During the next few months I will be contacting pathology lab administrators within the state to update reporting information and to verify that all pathology labs are reporting directly to OCCR.

Please contact OCCR, Judy Hanna, Pathology Lab Data Specialist at judyh@health.ok.gov or (405) 271-9444, ext # 57148 with questions or concerns. If your facility uses an outside path lab and you're not sure of their reporting status, please provide me with the path lab name and I will contact them directly.

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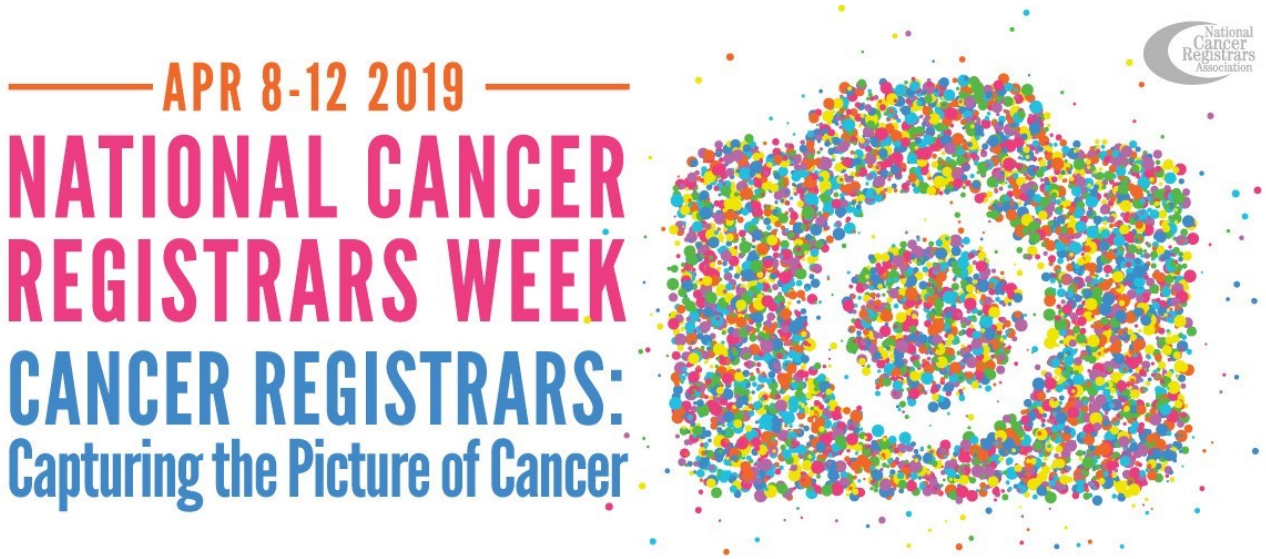

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