Virginia Cancer Registry Review – Spring 2018

From the Director

Happy Spring!! Time is moving so fast! And we are just beginning to get some training regarding the 2018 changes…..and VCR is making some changes as well.

First, we are changing the procedures regarding the closeout of your diagnosis year. Once you have completed all of your 2017 cases, you will need to send to us an MRDI. We are requiring the report to be in the layout that will be sent to you. In addition, the report must be in ICD-10. If either of these do not come in the format prescribed above, the report will be returned to you and your facility will be noted as non-compliant until it is re-submitted in the proper format. You will also be receiving a list of social security numbers for which we have another person with the same social security. We ask that you do some research to determine if this is the correct social security number. Again, we will be sending out letters that will give you explicit instructions on the procedures. We hope to get letters out in May.

We have been doing some studies on co-morbid conditions of people diagnosed with cancer. One of the most startling thing we found was that there was not consistent documentation of co-morbid conditions. Breast was the lowest at 3.7% and lung the highest at 18.9%. Overall, 9.6% of all cases had at least one co-morbid condition listed. We highly encourage you to record the co-morbid conditions so we can do more in-depth assessments of co-morbid conditions and cancer. We will be releasing the results of the study, so keep a watch out on the VCR website! (http://www.vdh.virginia.gov/virginia-cancer-registry/)

VCR will also be requiring the addition of NIOSH codes rather than text alone for recording occupation and industry. We are currently working on some training material. Speaking of training, the VCR is looking in to a web-based, online training system. We will try to do some in person training, but hope that the majority of the training for 2018 cases can be accomplished with the online system. We will keep you informed as we move to make this a reality.

I hope everyone had a wonderful National Cancer Registrars Week. The Health Commissioner was kind enough to mention NCRW in her weekly newsletter. She stated the following: “This week we shine a light on a very important public health initiative -- National Cancer Registrars Week (NCRW). This year marks the 22nd NCRW celebration, which strives to reflect the role registrars play in compiling the critical information needed to support effective cancer treatment and research, with the ultimate goal of preventing cancer and finding a cure. Cancer registrars and the registries they maintain provide essential information to healthcare providers and health officials to better monitor and improve cancer treatment, conduct research, and target cancer prevention and screening programs.” I would like to add my sincere thanks to each one of you. You are the bottom line of the cancer registry data and we could not do what we do without your dedication and wisdom. I am so proud of every one of you who work on the “front lines” of cancer data collection.

Jayne Holubowsky, CTR, Director,

Quality Assurance Corner

New this year, we sent out letters to each of you with a 5 year review of the number of cases your facility has in our database instead of an Accession List. We ask those facilities whose numbers had declined to look to see if we missed a submission or if there are some missed cases. Congratulations went out to facilities that met or exceeded their annual caseload. If your letter noted that there was a decline in numbers, the deadline for a plan of action was due the end of March. The plan is just that. It does not need to be elaborate. It can be that you need an Accession List from us to check against your database for missing submissions or that you have a backlog of cases that you will submit to us by a specific date or that you need to check your MRDI for missed cases and will let us know what you find or that you merged with another facility and have fewer cases to report. If we do not receive a response to the letters that ask for a response, we will send another letter out in July to your supervisor.

As a gentle reminder, please remember to add a date and your facility name to each text box, particularly to the PE text. Facility numbers change over time as a matter of protection of facility identification and to reflect changes in facility affiliation. Typo's also happen. Other than the facility number, the only other means of identifying a reporting facility is though the text. Please remember to identify your facility in your text.

Lastly, we are working on Social Security Numbers. Please double check SSNs when entering them in as we are seeing an increase in duplicate Social Security Numbers. We will be sending out lists for reconciliation. We ask that you check the SSNs from more than one source to make sure that there isn't a typo on the main medical record.

Laurel Gray, CTR

Training & Development

With all of the commotion concerning the AJCC 8th Edition, things may be finally starting to settle down. A finalized copy with all of the corrections is supposed to be included in the up-coming third printing of the manual. The corrected version will be available from their publisher, Springer, sometime in April 2018. According to their website cancerstaging.org, the updated edition will start shipping pre-orders as soon as it is in stock. They do not advise ordering manuals from Amazon just yet, as they cannot guarantee that you will receive the corrected "3rd printing."

There is also good news for those prospective CTR's out there. According to Michael Hechter, Director of Certification for NCRA, 2018 CTR exams will still be based on the AJCC **7th** edition. There is still time to get under the wire with all of that "tried and true" 7th edition knowledge you have beaten into your brain!

VCR is making a concerted effort to recruit smaller practices for electronic cancer case reporting. Part of the reason for this extra push is because in 2018/19 Eligible Professionals (EP's) will now be required to report continuously to comply with meaningful use, whereas "registration only" was the only requirement in the past. There has been a tremendous response so far, and we realize that there is going to be a learning curve for many of these facilities' personnel. All can rest assured that the proper training manuals and webinars will be provided to help implementation go smoothly.

Our Web Plus reporting portal has been on hold due to technical issues with the software, but will be rolled out very soon. The web-based portal will allow secure transfer of data and can also be utilized by smaller practices to abstract cases directly into our database. In the interim, we can set practices up with our Abstract Plus software, which is very similar to the Web Plus application. Additionally, updated 2018 edits and layouts will be provided as they become available. The target date currently set by NAACCR is July 1, 2018. The 2018 casefinding lists and 2016 ICD-10 coding manual are set to be implemented at that time as well.

John LaDouceur, MHA, CTR

Meaningful Use & Electronic Reporting

Do All Eligible Professionals Have to Report for Meaningful Use?

The answer to this question is yes and no. Implementing a certified Electronic Health Record system (EHR) is not required by law, but the longer Eligible Professional's (EP's) delay, the longer they and their patients miss out on the benefits of EHR technology; which truly does enhance the delivery of patient centered care.

EP's that accept Medicare and Medicaid, but do not participate in meaningful use, will lose tens of thousands of dollars in incentives and will see reductions in their Medicare payments of up to 5 percent or more annually. So yes, if EP's want to collect incentive reimbursements and safeguard their Medicare payments from these reductions, they must participate in meaningful use.

There is confusion at times, when those EP's who diagnose and/or treat cancer patients claim that since they don't accept Medicare or Medicaid, and are exempt from meaningful use reporting, claim they are also exempt from cancer reporting to VCR. It is then that we have to explain that just because they are exempt from CMS requirements for meaningful use, this does not release them of their responsibility of reporting electronic cancer cases to VCR.

On the other hand, there are instances where some EP's that do participate in meaningful use, but only offer cancer patients palliative care, or treat these patients for other ailments such as a cold or the flu, say "yes, we treat cancer patient's so we register for meaningful use." In this case, EP's are informed that this does not qualify them for cancer reporting for meaningful use purposes; and they are not required to report to VCR, since they do not diagnose or treat the cancer itself.

John LaDouceur, MHA, CTR

Statistical Analysis

The VCR statistical analysis team continues to handle a flow of data requests and linkages from internal and external partners throughout the commonwealth and beyond, including Institutional Review Board (IRB) approved research studies. 2015 cancer data, including incidence, mortality, and staging will be updated in May at http://www.vdh.virginia.gov/virginia-cancer-registry/data/, and 2016 provision data will be available at the same time but are subject to change with the new data submission. The co-morbidity health conditions among patients diagnosed with cancer study analyzed by Senior Statistical Analyst Sunney (Shuhui) Wang is accepted by NAACCR conference poster presentation June 2018 in Pittsburgh, Pennsylvania. The result is also available on VCR's website.

SSDI death match (1995-2016) is in progress and will be ready for our NDI index match in June, 2018. Once it is done, VCR will have the data prepared for cancer survival analysis.

Shuhui Wang (Sunney), Senior Statistical Analyst

ePATH

In the world of eMaRC Plus, updates are coming soon. The next release will not support NAACCR v 18 data items because they are not ready yet, but a CAP Cancer checklist is going into the service. There will also be an update to the program's User Manual and Administrator's Manual to reflect all of the changes made to the software. The release date for these updates is near the end of April.

In addition, there will be an eMaRC Plus and CRS Plus.NET training opportunity in New Orleans, LA (Pre-NCRA Annual Conference) Seating is limited. To register for eMaRC Trainng, contact Lindsay Ryan at viu@cdc.gov. The deadline for registration is April 16, 2018 or until the space is filled.

Chioke Murray, BA,CTR

Ask the VCR

Q. Is it a Virginia law to report death clearance cases?

A. Each hospital, clinic, and independent pathology laboratory in the Commonwealth is required to report all cases of cancer, which are diagnosed or treated at that facility. Physicians are required to report when they know the case has not been reported by a hospital, clinic or in-state laboratory.

Q. I am presently abstracting an incidence of melanoma for a patient having a history of squamous cell carcinoma (SCC) of skin which is not in our hospital database. Do I still code the sequence of the current abstract as 02 in order to reserve sequence 01 to represent a skin SCC or BCC primary that is not in our database just because they are cancer histologies?

A. No. Only reportable cancers are sequenced. Because SCC and BCC of skin are not reportable conditions they would not be sequenced at all. For your hospital database purposes, this patient only has one reportable cancer, the currently diagnosed incidence. Therefore, the current abstract would still be sequence -00. The only caveat to this would be if it is documented that this skin cancer was reportable at the time of its diagnosis, i.e, prior to 2003 and having an AJCC stage group II or greater. In the absence of diagnosis date, histology and stage at diagnosis information, prior SCC, BCC or unspecified skin cancers for this patient would not be sequenced. See also, FORDS for 2016, pp 6, 38

Q. Does text completed by the software based on codes, meet cancer registry text requirements?

A.No. Cancer Registry software fills in the basic text for the code provided. Text is needed to support all codes used, document unusual occurrences, document outside facility treatment, confirm the data provided, and to verify coding discrepancies between facilities for the same patient (at the Central Registry). Please refer to the VCR user manual for text requirements (pdf pg 199).

Q. If a cancer is TNM staged as stage 4, will Summary Stage be coded as distant?

A. Not always. SEER Summary Stage and AJCC TNM Staging are two independently coded stages. DO NOT use one to code the other. Example: Prostate: TNM (7 th edition pg 463) Any T, N1 (mets in regional node{s}), M0 Any PSA, Any Gleason = Stage 4. Prostate SEER Summary Stage 2000: Regional lymph node(s) involved only = Stage 3 (SEER SS Manual Page 225)

Cheryl Walker-Smith, Data Manager
Danielle Quinn, CTR
Mike Peyton, CTR

Contact Us

Jayne Holubowsky, CTR	Director	804-864-7873
Laurel Gray, CTR	Quality Assurance Coordinator	804-864-7860
John LaDouceur	Acting Education & Training Coordinator	804-864-7857
Tina Hall, CTR	Cancer Data Analyst	804-864-7187
Chioke Murray, BA,CTR	Cancer Data Analyst	804-864-7196
Mike Peyton, CTR	Cancer Data Analyst	804-864-7885
Danielle Quinn, CTR	Cancer Data Analyst	804-864-7856
Sally Siddon, CTR	Cancer Data Analyst	804-864-7859
Cheryl Walker-Smith	Cancer Data Manager	804-864-7866
Shuhui (Sunney) Wang, MPH	Senior Epidemiologist	804-864-7699