**Virginia Cancer Registry Review – Summer, 2018**

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**From the Director**

It is hard to believe that 2018 is half gone!!! We are all looking forward to the 2nd Regional DelMarVA-DC conference to be held here in Virginia at Great Wolf Lodge in Williamsburg. I hope to see you all there. It looks to be a great educational conference.

Speaking of education, Virginia Cancer Registry recently teamed up with six other state registries in the Fundamental Learning Collaborative for the Cancer Surveillance Community, perhaps more recognizable as FLccSC (pronounced, “Flossie”). This will allow Virginia to have education at your fingertips! Once we have things set up, you will be able to register for the site and take classes at your leisure. We will have education on the AJCC 8th Edition, Summary Stage 2018, SSDI’s and more. You will be able to take the course as many times you wish. We will send out an announcement on how to sign up and the URL to get to the site. We hope this will provide to you the needed education in the comfort of your office!

VCR, of course, is beginning our lead up to our Call for Data that is due in November. We are “graded” on the data we submit, which will include all cases between 1995 and 2017. We must have a certain percentage of the estimated cases for years 2016 and 2017 along with other parameters. One of those “other” parameters is the number of DCO – death certificate only – cases. That is why it is so important to get those cases sent to you completed and back to us so we can get the information in the database, erasing that DCO case. We cannot do it without you! I send a big thank you for all that you do!

Lots of changes are going on everywhere….we will try our best to keep you up-to-date on everything we can. Have a great rest of your summer and hope to see you in October.

**Jayne Holubowsky, Director**

**Quality Assurance Corner**

Just as a reminder, the last date for submission for the 2017 reporting year was June 30. If you have not already sent your final cases in, please do so ASAP along with an e-mail notifying us that your final cases are sent.

We will be sending out cases completeness letters again so that you can check your total number of cases we have in our database. If you feel that they are erroneous, please call us as we noted there were a few facilities that we had missed some submissions.

Along with the completeness report, we will be sending the request for your Medical Record Disease Index (MRDI) file to be sent to us for 2017. Please remember to send this in an Excel format with only the fields requested. This is part of your annual audit. The purpose of the audit is to check all patients, based on their discharge diagnosis, against our database to see that we have received all reportable cases. You will hear from us if we find missing cases. No news is good news.

Please remember that all 2016 cases forward must include TNM staging if appropriate. This includes lab/path cases as well. The two biggest errors we are receiving in the TNM staging are that abstractors are putting in a clinical node code in the path node field when it is not an available option. You may only use a cN code when it is stated that it can be used (this does not include prostate). The second is group staging TNM to a value other than 99 when there is a TNM value of X or blank in one of the fields. You still must fill in the fields you know even if the group stage will end up being 99.

What we can provide for you:

If you need help in checking your lost-to-follow-up against our database for deaths, we are happy to assist you. Send us your file in an Excel format with the patient’s first name, last name, date of birth, SSN and last date of contact. We will check the file against our database let you know if the patient is deceased and our last date of contact. Please do not send us your entire follow-up list, just your lost-to-follow-up cases.

 That’s it from the QA corner! Have a safe summer and feel free to write or call us if you need any assistance or data.

**Laurel Gray, CTR**

**Education and Training**

As our Director has mentioned, VCR is getting geared up to begin offering online training. VCR management attended a training webinar in mid-July, to get acquainted with the admin side of things. FLccSC is a cancer surveillance community educational collaboration. It is a web-based portal, which allows Central Cancer Registries (CCR) to customize a fully functioning state-specific Learning Management System (LMS). The developers of this educational platform were the Florida and South Carolina state cancer registry’s; thus the FL and SC in its’ name.

Each Central Cancer Registry (CCR) has two customized URL's for their registry. The CCR site administrator manages the CCR specific site through a web-based back end, whereas the students interact with the web-based LMS front end.

Students access FLccSC from a link on each states CCR web-site. Once registered, the student will only see the LMS pages and content from their respective CCR. Once the student successfully completes an educational module, they will receive a Certificate of Completion including CEU where applicable.

FLccSC support includes access to a Help Desk for technical support and tutorials as a menu item on the student site.

FLccSC is available for use 24/7 and best of all it is free! The training material is currently being entered into the system and will be available for student use soon, so stay tuned!

**John LaDouceur, MHA, CTR**

**Meaningful Use**

The Centers for Medicare & Medicaid Services (CMS) is taking steps to re-brand and realign the Meaningful Use program, in an effort to make it more responsive and less burdensome for providers.

One big move is the name change from Meaningful Use to *Promoting Interoperability.* This change went into effect in April 2018.

The thrust of the new changes are aimed at reducing the time and cost required of providers to comply with the old programs’ requirements; such as easing the public health (cancer) reporting mandates, which will in turn allow them to spend more time with their patients.

Prior to 2018, Eligible Professionals were required to report electronically for two out of four public health measures including; Immunizations, Syndromic Surveillance, Electronic Lab, and Specialized Registry (Cancer). Under the new program guidelines, reporting for any public health measure is optional.

The re-vamped program includes a new scoring system, which allows providers to pick-and-choose the areas they would like to focus on, to fulfill program requirements, and hit the 100% target score. Some of the scoring areas include, Providing Patient Access, Patient-Specific Education and ePrescribing, among others. Each of these program areas carry a score of up to 20% each, of the total score. Public health reporting has been moved lower down the food chain, and is counted as a “bonus” activity, carrying a score of only 5%.

The bad news is that EP’s just signing on for the new “Promoting Interoperability” program may forgo the expense and effort required to report cancer cases under the “specialized registry” measure. On the bright side, those that have already made the investment will continue reporting, to pick up that easy 5% bonus incentive, since they have already made the investment.

**John LaDouceur, MHA, CTR**

**Electronic Reporting (eMaRC)**

The EMARC system has undergone new changes. Users of the system are encouraged to attend Brown Bag Lunch webinars that explain all the new and better ways to use the EMARC and answer any questions that they may have. The next webinar in the series will take place on August 21st and cover the EMARC Workbench function. The Version 6 software updated to all users, and the EPATH staff are working to get the NAACR version 18 updates out as soon as possible.

The CDC is offering a brown bag webinar series. The official debut took place on July 17. The first topic was on application configuration. The sessions are thirty minutes long and will walk attendee’s through functions that EMARC has and how to use them, and how they may be resourceful to your registry. If you would like to get registered for this informative series send an invitation request to: Jen Wike at bhn9@cdc.gov

**Chioke Murray, BA**

**Ask the VCR**

1)

Q: Is there a specific ICD-O-3 histology code when a path report reads, "Therapy-Related Myeloid Neoplasm, presenting as a high-grade myelodysplasic syndrome/acute myeloid leukemia," or do I just choose to code either of AML (9861/3), AML-M4 (9867/3), or MDS (9989/3)?

A: The correct code would be 9920/3 in this particular case because of the physician determination that this disease was therapy-related. The preferred name is "Therapy-related myeloid neoplasms," although alternate names are "Therapy-related acute myeloid leukemia, NOS" and "Therapy-related myelodysplastic syndrome, NOS," both of which are alluded to in this example of path report wording. In any event, it would be incorrect to code to either of AML, AML-M4, or MDS. Note that prior to 2010 diagnosis dates, code 9920/3 would have been used exclusively for "Therapy-related Acute myeloid leukemia (t-AML)" while 9987/3 would have been used exclusively for "Therapy-related myelodysplastic syndrome, NOS."

When abstracting these type of records, please consult the Hematopoietic and Lymphoid Neoplasm Database under the following link:

https://seer.cancer.gov/seertools/hemelymph/51f6cf57e3e27c3994bd53a5/?q=9920/3.

Noted here is that "If a specific myeloid neoplasm that is described with a different specific histology term is also stated to be therapy related, code 9920/3 to capture the fact that this disease was therapy related. Document the other specific histology term in the text part of the abstract."

2)

Q) Is histology code 8260/3, "Papillary Adenocarcinoma" used for other sites besides thyroid?

A) Yes. While the NOS terminology is not site-associated, the specific synonyms listed in ICD-O-3 are site-associated with both thyroid and kidney respectively. These are "Papillary carcinoma of thyroid (C73.9), and "Papillary renal cell carcinoma (C64.9)"

**Mike Peyton, CTR**

**IT Updates**

The Cancer Registry now has full time IT support! No more begging or borrowing from other departments. Managing the information infrastructure of the department should be vastly enhanced as we navigate a number of upgrades and prepare for “call for data”.

We have recently upgraded our existing installation of CRSPlus to the more robust CRSPlus.net. Users have reported orders of magnitude performance increases. Case processing capability has definitely seen dramatic increases in speed and efficiency.

Other upgrades that are in progress, or are coming shortly, include a complete re-install of WebPlus, an upgrade of our existing eMaRC and an upgrade of PrepPlus to a new .net version. Additionally, a migration to the NAACR v18 record format is on our agenda.

We are also seeking to document existing processes (both business and information technology) as we move the registry towards our goal of becoming a “well-oiled machine”. Exciting times are ahead. Stay tuned!

**Larry Kirkland, VCR IT Consultant**

**New Virginia CTR’s**

Test results for the June 25 – July 14 2018 exam were not in at the time of this printing, but they will be available for the Fall edition of the VCR Review. Stay tuned!!

Virginia had two new CTR’s from the March 12 - March 31 exam, and they are:

Linda Berkman

Caitlin McGowan

If you happen to bump into Linda or Cailtlan give them a well-deserved pat on the back!

**Test results provided by Michael Hechter, Director of Certification NCRA**

**Contact Us**

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